

Credit Card Payment Authorization



Transaction Amount: \$ _____

*Transaction Fee Below

Payment Type: _____
(Ex: Lease Payment, Security Deposit, Application Fee)

Card Number: _____

Card Expiration Date: _____
Month/Year

CVV2 Number: _____
Last three digits on the back of Credit Card

Cardholder's information:

First Name: _____

Last Name: _____

Resident's Information:

(If same as Cardholder, leave blank)

First Name: _____

Last Name: _____

Billing Information (Address where statement is mailed)

Street Address: _____

City: _____ State: _____ Zip Code: _____

By signing below, you authorize your credit card to be charged one time in the amount listed above.

Signature: _____ **Date:** _____

*2.5% service fee will be charged to your credit card for lease or deposit payments

PROPERTY MANAGER USE - Rental Property Information

Address: _____ Unit Number: _____
(if applicable)

City: _____ State: _____ Zip Code: _____