



Recurring Rent Authorization Form

Account Type: Personal Checking Personal Savings Business Checking

Name(s) on Account _____

Bank Name _____

Routing # _____ Account # _____

Billing Address _____

City _____ State _____ Zip _____

↑ Complete Information Above or Attach a Voided Check ↑

Email (for receipt) _____ Phone _____

Leased Property Address: _____

Monthly rent payment \$ _____ to be drafted on the _____ day each month for _____ months.

First Payment date: _____

Authorization

I authorize Lexington Rental Homes to electronically debit my account as outlined above. I understand and agree that the electronic debit will continue until the total amount due plus any return fees/late fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.

CHANGE OF INFORMATION: I agree to notify Lexington Rental Homes verbally (859) 327-3593 or in writing to the address below fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment. Late fees will be collected as outlined in my Lease Agreement if payment is delayed.

RETURNS: I authorize the \$10 return check fee and any applicable late fees, as outlined in my Lease Agreement, to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.

CANCELLATION: Upon payment in full, I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.

Signature of Account Holder

Date

Fax completed form to 859.422.0895 OR 859.422.8211 or mail to:

Lexington Rental Homes, LLC • 101 Malabu Drive • Suite 1 • Lexington, KY 40503