



COLUMBIA CROSSINGS

Authorization for Automatic Payments

Name: _____ Account #: _____ Space #: _____

CREDIT / DEBIT CARD: Card Type: Visa _____ MC _____ Disc _____ AMEX _____ Name on Card: _____ Billing Address: _____ City: _____, State: _____, Zip: _____ Card Number: _____ Exp Date: _____ CCV # _____ (3 or 4 digits on back of the card)	<table border="1"> <thead> <tr> <th>PAYMENT METHOD</th> <th>FEES</th> </tr> </thead> <tbody> <tr> <td>eCheck (ACH) / Checking Account</td> <td>FREE</td> </tr> <tr> <td>AMEX</td> <td>2.99 %</td> </tr> <tr> <td>Discover / Discover Debit</td> <td>2.99 %</td> </tr> </tbody> </table>	PAYMENT METHOD	FEES	eCheck (ACH) / Checking Account	FREE	AMEX	2.99 %	Discover / Discover Debit	2.99 %
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BANK ACCOUNT (ACH): No Service Fee Account Type: Checking _____ Savings _____ Name(s): _____ Bank Name: _____ Routing #: _____ Account #: _____	<table border="1"> <tbody> <tr> <td>Mastercard / Mastercard Debit</td> <td>2.99 %</td> </tr> <tr> <td>Visa / Visa Debit</td> <td>\$ 10.00</td> </tr> <tr> <td colspan="2">Flat fee with \$890.00 limit per transaction</td> </tr> </tbody> </table>	Mastercard / Mastercard Debit	2.99 %	Visa / Visa Debit	\$ 10.00	Flat fee with \$890.00 limit per transaction			
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Please Choose One: [<input type="checkbox"/>] Monthly Autopay [<input type="checkbox"/>] Update Autopay [<input type="checkbox"/>] One Time Payment [<input type="checkbox"/>] Decline									

**All payments are processed the 1st of the month

**Foreign Transaction Fee: An additional 1.00% fee applies when using an international credit card.

**Minimum Card Fee: Card Transactions will be subject to a minimum fee of \$3.00 when using a Credit Card.

**An additional \$20.00 will be added to the full rent amount if using electric service. This will be adjusted based on usage.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Columbia Crossings in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Columbia Crossings LLC will add an additional \$25.00 charge for each returned NSF payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____