

SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize Wexford on the Green, to initiate a debit entry to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account

Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name:			
Name on Account:			
Routing Number		Account Number	

Credit Card Account

Card Type: (check one)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover		
Name on Card:			
Credit Card Number:			
Card Expiration Date:		CVV (last 3 digits on back of card):	
Credit Card Billing Address:			

Payment Details

Amount	\$	Transaction Date:	
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This authorization is to remain in full force and effect for the number of payments authorized above or until Wexford on the Green has received written notification from me (or us) of its termination, in such time and such manner as to afford (Apartment Name) a reasonable

Name:			
Address:			
City, State, Zip:			
Signature:		Date:	