

# Resident Payment Agreement

PayLease Inc.  
5970 Miramar Rd.  
Suite 201  
San Diego, CA 92121  
Toll Free: (866) 729-5327  
Fax: (866) 492-2883  
E-mail: [support@paylease.com](mailto:support@paylease.com)  
[www.paylease.com](http://www.paylease.com)

## **Fee:**

- \*E-Check: \$2.00
- \*MasterCard/Discover: 3% of total Transaction
- \*American Express: 4% of total Transaction
- \*Visa: \$22.95

## **Property Information (Property that payment is being applied to):**

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Address (include unit number if applies) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Payment Information:**

(Please fill out EITHER Credit Card Information or E-Check information)

Credit Card Information (MasterCard/Discover/American Express):

Card Number: \_\_\_\_\_

Card Expiration Date:   /20   CVV2 Number \_\_\_\_\_  
(Last three digits on the back of Credit Card)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_



**E-check Information:**

**Check One of the Following:**

**New Enrollment**

**Add or Change Checking Account**

**Company/Individual Name**

**Telephone #**

**E-mail Address**

**Address**

**City**

**State**

**Zip**

**Bank Name**

**Routing Number (9 digits)**

**Checking Account #**

Justin Sample 5678  
 22 Sample Avenue.  
 Sampleville, WA 98104 .00 \$4.00  
 Pay To The Order Of  
 Memo  
 ⑆ 234567890 ⑆ 5678 ⑆ 01234567890123  
 ⑆ 234567890 ⑆ 01234567890123 ⑆ 5678

**Your 9-digit bank ABA routing number**

**Your bank account number**

**Check Number**  
 May appear before or after check number

**\*Please attach a voided check to the check sample above**

# Paylease Payments

## New Tenant Payments

\_\_\_ Application Fee- \$40.00pp      Amount \_\_\_\_\_

\_\_\_ Security Deposit      Amount \_\_\_\_\_

\_\_\_ 1<sup>st</sup> &/or Last Months Rent      Amount \_\_\_\_\_

\_\_\_ Pro-ration      Amount \_\_\_\_\_

\_\_\_ Lease Preparation Fee-\$50.00      Amount \_\_\_\_\_

## Existing Tenant Payments

\_\_\_ Rental Payment(s)      Amount \_\_\_\_\_

\_\_\_ Re-lease Fee-30.00      Amount \_\_\_\_\_

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit my Account for this one time payment. This Agreement is in effect on the debit day stated above. In consideration of PayLease's performance of services hereunder, I acknowledge and agree to the following:

- I am the lessee occupying the premises at the address stated above. I certify that I have full authority to enter into this Agreement and that all necessary approvals have been obtained to enter into this Agreement.
- I will be assessed a fee of \$20.00 by PayLease, Inc. if my bank account has insufficient funds to cover my lease payment on the designated day of debit
- I authorize Paylease to debit my credit card OR checking account submitted above for the amount stated, on the day specified and for the duration of time specified. I waive the right to dispute any debits made by Paylease on these specified debit days unless in the event of fraudulent activity.
- I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

**LESSEE (Resident):**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**