SIGNATURE



Office Address: 4806 Pasadena Avenue Wichita Falls, Texas 76310

Just complete and sign this form to schedule your payment to be automatically deducted from your bank account.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each month. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

full name	authorize Lost Creek Apartm	ents to charge my checking/savings account
	on the (day or date)	
	(day or date)	
Billing Address	Phone #	
City, State, Zip	Email	
	Checking/ Savings Account	
	☐ Checking ☐ Savings	
	Name on Acct	-
	Bank Name	
	Account Number	
	Bank Routing #	
	Bank City/State	
	Routing Number Account Number	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lost Creek Apartments in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for any reason, I understand that Lost Creek Apartments may attempt to process the charge again, and I agree to an additional \$25 charge for each attempt which will

be initiated as a separate transaction from the authorized recurring 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 bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.