

## **Payment Authorization Form**

**Note to tenant(s):** By filling out and signing this form, you are giving your permission to have a monthly recurring payment transferred from your bank account to your landlord/property manager.

Tenant Name:		
Property Address:		
Reason for Payment:		
CHOOSE ONE:		
☐ <b>EFT</b> (Electronic Funds	Transfer) - <b>NO FEE</b>	Joe Smith 1234 1234 Anystreet Court
Bank Routing #:		Anycity, AA 12345 Pay to the order of
Account #:		Dollars
Checking: Savi		Bank Anywhere
_	_	
☐ Credit Card – 2.99%	6 Processing Fee	Bank Bank Check Number (Do not use) Routing Number Account Number
Card Number:		
Expiration Date:	Security C	ode: (3-digit code)
Billing Address:		
City:	_ State: Zip	Code:
Acco		
I hereby authorize Grandview stated above.	<ul> <li>Vacation Rentals to pro</li> </ul>	ocess this payment for the purpose
Account Holder Name:		
Signature:	Dat	re: