



Automatic Payment Enrollment Form

General Information

United Realty & Investment Co.

Resident Name

Management Company Name

Rental Address

City

State

Zip

Payment Information

Payment Frequency:

Monthly

\$

1st Business Day

Payment Amount \$

Payment Day

Start Date (mm/dd/yy)

End Date (mm/dd/yy) **

*** A \$2.95 monthly processing fee will be assessed in addition to the above stated amount.

** If no end date, resident or account holder must notify United Realty in writing to cease the auto debit. Cancellation must be submitted at least 10 days prior to the effective end date.

Account Information

Checking

Savings

Account Holder Name

Phone Number

Billing Address

City

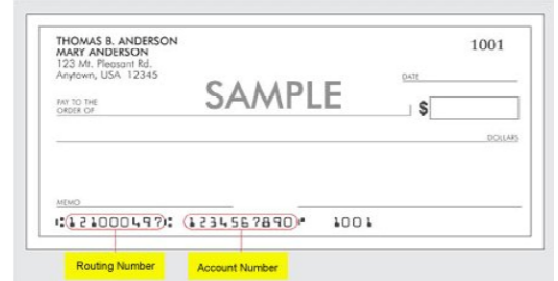
State

Zip

Email Address

Routing Number

Account Number



You **must** attach a voided check from your bank account OR a copy of a bank statement showing the full account number, routing number and that your name is associated with the account for this ACH authorization to be valid.

Terms & Conditions

I, the undersigned, authorize United Realty & Investment Company to debit my account above every month this Agreement is in effect on the first business day of the month. In consideration of United Realty's performance of services hereunder, I acknowledge and agree that my account will be assessed a processing fee in addition to the above payment amount authorized. 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 agree that I will be assessed a fee equivalent to \$30.00 as stated specifically in my lease agreement if my bank account has insufficient funds to cover my payment on the designated day of debit. I authorize United Realty to debit my checking/savings account submitted above for the amount stated in addition to the convenience fee, on first business day of the month and for the duration of time specified. I waive the right to dispute any debits made by United Realty on these specified debit days. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

Account Holder Name (Print)

Account Holder Signature

Date