

### AMLI'S AUTO-PAY PROGRAM

This is a reliable and confidential way to have your rent and other amounts due under your lease processed and paid from your bank account. With this program, your payment is electronically debited from your checking or savings account as a regularly scheduled payment.

### SAVE TIME AND MONEY

Most people spend the equivalent of three days a year paying their bills, \$85 in postage, \$30 for checks and \$100 in late fees.

### NO COST TO YOU

This is a free service to AMLI residents. Roommates may enroll as well. However, only one resident (roommate) per apartment will be allowed to participate. This resident will be assessed the total charges attributable to the apartment.

### PEACE OF MIND

You don't need to worry about getting your rent check in on time or paying late fees. We take care of it for you.

### EASE OF USE

Your payment will be shown on your monthly bank statement as a debit with date paid, reference number, amount, and item description.

### TO ENROLL:

- Fill in the information requested on the form below.
- Attach a voided check to the form below.
- Return enrollment form and voided check to the community leasing office.
- Payments will be processed on the 2nd calendar day of each month (if this date falls on a weekend, payment will be processed on the next business day.)
- If payment is denied, all applicable fees will apply.
- Please confirm your requested start date with the leasing office.
- To make a change, notify your Community Manager in writing at least ten days before the next scheduled payment.
- This service will continue until written notice to cancel is received by the Community Manager.

*I agree to the automatic deduction from my bank account upon the terms reflected in this Auto-Pay enrollment form.*

Name on Bank Acct: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For the Benefit of:

Resident Name: \_\_\_\_\_ Apt.# \_\_\_\_\_

Month to begin Auto-Pay Program: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

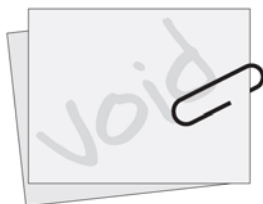
City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA Routing Number (9 digits): \_\_\_\_\_

Circle Account Type: **Checking** or **Savings**

**Please do not forget to attach your voided check to this form.**



### AMLI USE:

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_