## **Recurring Payment Authorization Form**

For the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Tenant Name:	·
Tenant Address:	
Email Address:Ph	one: ( ) - Ext:
PAYMENT INFORMATION ( to be completed by me	erchant)
I authorize Lodge Properties , LLC. to automatically	bill the card listed below as specified
Product/ Service description: RENT	
Recurring Amount: \$	
Frequency (check one) Once Daily Weekly	Twice/month ☐ Monthly ☐ Quarterly
Start on / / End Or Month Day Year Mo	n:  / /  porth
CREDIT CARD INFORMATION	
Card Type: ☐ Master Card ☐ Visa	
Card Type: ☐ Master Card ☐ Visa  Cardholder Name (as shown on card):	Billing Zip Code:
Card Type:   Master Card  Visa  Cardholder Name (as shown on card):  Billing Address:	Billing Zip Code:
Card Type:   Master Card  Visa  Cardholder Name (as shown on card):  Billing Address:  Card Number:	Billing Zip Code:  Expiration:  CVV:  Expiration:
Card Type:	Billing Zip Code:Expiration:Expiration:CVV:Expiration:CVV:Expiration:CVV: