



ELECTRONIC RENTAL PAYMENT AUTHORIZATION FORM

**Heartland Capital
Investments, LLC**

PO Box 409
Mayfield, KY 42066
(270) 247-3199
www.hci.net

CONTACT/BILLING INFORMATION

Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____

Serial Number of Leased/Rented Item: _____

PAYMENT PLAN

Payment Amount: \$ _____ Day/s of the Month: 1st 5th 10th 15th 20th 25th

Payment Frequency: Monthly or Semi-Monthly

BANKING INFORMATION

Method of Payment: ☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD / DEBIT CARD

Banking Information

Routing Number (9 digit) _____

Account Number _____

Name on Account _____

Bank Name _____

Credit Card Information

Credit Card Number (16 digits) _____

CVV (3 digits) _____

Expiration Date _____

Name on Card _____

Billing Address (If Different) _____

City _____

State _____

Zip _____

RENTAL PAYMENT AUTHORIZATION

By signing below, I authorize Heartland Capital Investments, LLC (the "Company") and its agent to debit my account as follows. This authorization shall remain in effect until I notify Company that I wish to revoke it, I terminate the transaction, or I exercise my rights to acquire ownership as provided in the Rental Purchase Agreement ("Agreement"). I agree to give at least 3 business days' notice to cancel this authorization by calling Company at 270-247-3199. I authorize Company to debit funds out of my account on or after the date listed, at the frequency shown. I agree that the debits may be between the amount listed +/- any change in my applicable taxes. I authorize Company to debit or credit my account to correct erroneous debit, credit, bank, routing, or account information. If my payment is returned NSF, I authorize Company to debit my account to collect any fee provided for in the Agreement. Company will only debit the account once for each scheduled payment that is returned NSF. I understand that I am required to pay any NSF (or other) fees charged by my bank. I represent and warrant that I am authorized to execute this payment authorization. I hereby indemnify and hold the Company and its agent harmless from damage, loss, or claim resulting from all authorized actions hereunder. Fee Disclosure: If paying Agreement calculated payment amount then a \$3.00 flat rate is added per transaction. If paying more than the Agreement calculated payment amount then a 3% rate is added per transaction.

Rental Customer / Lessee Signature

Date