



AutoPAY Form

Our AutoPAY plan allows you to have your membership fees automatically drafted from your checking account monthly. You will be sent an email confirmation each month verifying that the payment has been deducted from your checking account or charged to credit card. ***Please keep a copy of this form for your records.***

Full Name		
REFS Account Number		
Address		
City, State, Zip		
Type of Account to Setup AutoPAY	☐ Checking Account	☐ Credit Card

CHECKING ACCOUNT SET-UP

Please attach a copy of a voided check here.

Your Name
123 Main Street
Any Town, USA 54321

1234
98-1234/4359

_____ **20** _____

Pay to the order of _____

\$

Dollars

Your Financial Institution
4870 Viewridge Ave #100
San Diego, CA 92123

For _____

⑆ 1 2 2000 78 9 ⑆ 0 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4

Credit Card Set-Up

Payment Type	☐ Check ☐ Certified Funds/Money Order ☐ Credit Card		
Would you like to enroll in AutoPAY?	☐ Yes ☐ No		
Cardholder Name (as it appears on card)			
Credit Card Number			
Expiration Date (MM/YY)			
CVS (Last 3 Digits on Back of Card)		Billing Zip Code	
Signature			

I request Rent Equity Financial Services, LLC to enroll me in the AutoPAY Plan. I authorize Rent Equity Financial Services, LLC to begin deductions from my account indicated above. I understand that I have the right to cancel AutoPAY at anytime by providing Rent Equity Financial Services, LLC with written notice up to three business days prior to the time my account is scheduled to be charged. I understand that Rent Equity Financial Services, LLC and/or financial institution indicated reserve the right to end this payment plan and my participation therein at anytime. I understand that in event the debit, in connection with my account, is returned by a bank or other depository institution because of dishonor, a non-refundable check fee of \$40.00 will be imposed for each such return.

Signature: _____

Date: _____

Please complete this form and mail to:
Rent Equity Financial Services, LLC
 11175 Cicero Dr., Suite 100
 Alpharetta, GA 30022