



Recurring Payment Authorization Form

Sign and complete this form to authorize Santiago Communities Inc. to make a debit from your account listed below.

How Recurring Payments Work:

You authorize regularly scheduled charges to be made from your checking/savings account or debit/credit card. You will be automatically be charged the amount indicated below each billing period. You agree that no prior-notification will be provided. This authorization will remain in effect until my account is paid in full unless I terminate this authorization by either calling Santiago Communities Inc. during business hours at 714-744-4993 or in writing to Santiago Communities Inc. at PO BOX 11927 Santa Ana, CA 92711. I understand that a fee may be imposed each time a charge is returned unpaid.

Please complete the information below:

Name on Santiago Communities Inc. Account _____ Acct # _____

Address: _____

Phone Number _____ Email _____

I _____ authorize Santiago Communities Inc. to withdraw from my account
(Full Name)

selected below in the amount of \$ _____ on the [1st] [10th] [15th] day of each month.
(Amount) (Circle One)

Additionally, I would like to make my first payment in the amount of \$ _____ on _____.
(Amount) (Date)

I understand this does not cover other miscellaneous fees that may be charged throughout the year.

Signature _____ Date _____

I, the undersigned, authorize Paylease, on behalf of my Lessor, to debit my account above every month this Agreement is in effect on the debit day stated above. . If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In consideration of Santiago Communities Inc. performance of services hereunder, I acknowledge and agree that I am the lessee occupying the premises at the address stated above. 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 of \$25.00 by Santiago Communities Inc. if my bank account has insufficient funds to cover my payment on the designated day of debit. I certify that I am an authorized user of this account and that I will not dispute the scheduled payments with my credit/debit card company or bank provided the transactions correspond to the terms indicated in this authorization form. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I waive the right to dispute any debits made by Santiago Communities Inc. 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.

Initials indicating agreement of these terms and condition _____



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Billing Address: _____

City, State, Zip: _____

Please fill out one of the following options:

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV (3 digit number on back of card, or 4 digits on front of AMEX) _____

Fee: 3.5% Per Transaction

Checking Savings

Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Fee: \$2.95 Per Transaction

Initials: _____