

Dear College Park Residents,

College Park Apartments Associates, LLC is pleased to offer a **free** AUTOMATIC RENT PAYMENT PLAN to their residents. Now you can have your rent payments made automatically from your individual (or your parent's) checking or savings account. Eliminate the hassles of writing one check per apartment, dropping rent at the office, trips to the bank, late fees, etc.

Direct withdrawal is taken out on the 1st of every month. If the 1st falls on a weekend or holiday, the rent will be taken out the following business day.

Please fill out the form below and return it to the office by July 1, 2019 in order for the September 1, 2019 rent payment to be withdrawn. Residents that choose not to participate in the automatic rent payment plan will still have to write one rent check per apartment as stated in the Rules & Regulations Addendum # 2.

Please call me at 608-255-4744 or email me at collegepark@rousemgmt.com if you have questions.

Thank you,
Alyssa Kenyon
Property Manager

AUTOMATED CLEARING HOUSE (ACH) DRAFT –
AUTHORIZATION ELECTRONIC FUNDS TRANSFER (EFT)

College Park Apartments Associates, LLC is hereby authorized to initiate electronic (EFT/ACH) debit/credit entries to the Individual/Company and Account at the Financial Institution indicated below:

Resident's Name _____

Apartment Address _____

City/State/Zip _____

Phone Number _____

Name of Financial Institution _____

Address _____

City/State/Zip _____

Title of Account (Checking or Savings) _____

ABA/Routing Number _____

Account Number _____

Rent Amount (include parking fee) if applicable: _____

This authority is to remain in full force and effect in conjunction with this Agreement until College Park Apartments Associates, LLC has received written notification from the Individual/Company listed above of its termination in such time and in such manner as to afford College Park Apartments Associates, LLC and the Financial Institution a reasonable time to act accordingly. ***We will be debiting from your account for your rent on the 1st of every month.***

Authorization

Individual Name (Print) _____

Individual Signature _____ Date _____

**A MANDATORY VOIDED CHECK OR LETTER FROM THE BANK WITH THE CORRECT
ROUTING/ACCOUNT NUMBERS MUST BE INCLUDED**