

EPAY- PAYLEASE Enrollment Form for Bay Realty Group Apartments

Payment Frequency: AUTO PAY MONTHLY DEBIT

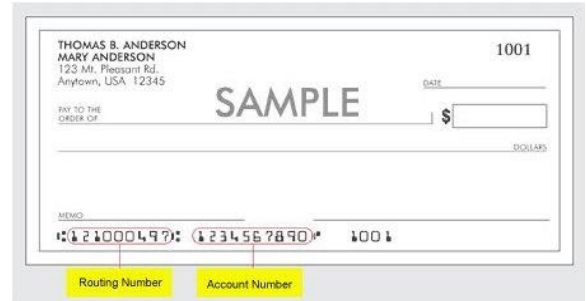
Payment Amount \$ Payment Day Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)

Note: The Routing Number must be taken from a check only. Routing information from a Deposit or Wire Transfer Slip will not process correctly. Account Type: Checking Savings (please mark with an X)

Account Holder Name: _____ Mobile Number _____

Account Mailing Address: _____

City _____ State _____ Zip _____



Routing Number _____ Account Number _____

Terms & Conditions

I, the undersigned, authorize Bay Realty Apartments and its payment processor, to debit the account above every month this Agreement is in effect on the debit day stated above. In consideration of the 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 required approvals have been obtained to enter into this Agreement. I agree that I will be assessed a fee of \$50.00 to cover payment processing fees if the payment is returned for any reason such as NSF or bad account number plus any other bank fees incurred by Bay Realty Apartments. I authorize Bay Realty Apartments and its payment processor to debit the banking account submitted above for the amount stated, on the day specified and for the duration of time specified and fees as incurred. I waive the right to dispute any debits made by Bay Realty Apartments and its payment processor 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. Debits will be initiated on the first calendar day of each month. When the first falls on a Saturday, Sunday or holiday, the debit will be initiated on the last business day prior to the first of the month.

Resident Name (Print) _____ Resident Signature _____ Date _____

(Please sign using black ink)

Account Holder Email _____ Account Holder Mobile Number _____ Date _____