

## SINGLE ENTRY DEBIT AUTHORIZATION FORM

### Applicant Payments Only

I (we) hereby authorize JSM at Galloway, LLC to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

#### Checking or Savings Account

Type of Account			
Depository Financial Institution Name			
Name on Account			
Routing Number		Account Number	

#### Credit Card Account - choice of: Visa, Mastercard, Discover

Card Type			
Name on Card			
Credit Card Billing Address			
Card Number:			
Expiration Date:		CVV	

#### Payment Setup Information

	Amount \$	App Fee	<i>Processed:</i>
	Amount \$	Reservation Fee	<i>Processed:</i>
	Amount \$	Rent	<i>Processed:</i>
	Amount \$	PrePaid Rent	<i>Processed:</i>
	Amount \$	Sec Dep	<i>Processed:</i>

#### Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until JSM at Galloway, LLC has received written notification from me (or us) of its termination, in such time and such manner as to afford JSM at Galloway, LLC a reasonable opportunity to act on it.

Name		Unit #	
Drivers License #		State	
Signature		Phone#	
Date			