

Resident (“Lessee”) Auto Pay Agreement (“Agreement”)

1. Complete, sign and date this agreement as policy for payments for 2620 Lofts: 2620 Washington Master Tenant Ilc.
2. Please attach to this agreement a **voided check** from your designated financial account ("Account"), which Account will be debited monthly for lease payments in the amount stated in the lease agreement (s) between you & 2620 Washington Master Tenant Ilc./lessor ("Lessor"). **ONLY ONE ACCOUNT PER LEASE TO PAY RENT. NO MULTIPLE TENANT PAYMENTS ALLOWED PER "UNIT"**
3. Provide this agreement, signed, along with the attached or scanned voided check. Email to Property Management - management@2620lofts.com. Or to office mail slot on first floor, across from water fountains, for processing.
4. **It can take 72 business hours for transactions to process & for changes to account.** Business days are Monday-Friday excluding banking holidays.
5. I agree to have any additional building fees/penalties incurred, as stated in the lease, letters issued by ownership/management or web site, paid for through E-Check first and then credit card.

Fee: 2620 Lofts automatically processes Paylease Monthly. Nothing is required for you to have rent processed!

***E-Check: FREE for one payment per month,** (charged \$45 & up for each extra payment or account changes)

***Resident pays for FEES for all Credit Cards transactions:**

- Transactions under \$200.00 will have an additional \$5.00 transaction fee included.
- VISA/MasterCard/Discover: 3.25% of total Transaction
- American Express: 4.25% of total Transaction

Auto Pay Schedule: Debit Day of the Month – 1st

IMPORTANT-Be aware that we will test your account by requesting a \$10 payment once you sign your lease. That \$10 will be applied toward the next months rent owed.

Transaction Amount(s) Unit - \$ _____ Parking- \$ _____ Storage/other- \$ _____

Initial Debit (Month/Year) ___/201___

*Final Debit (Month/Year) ___/201___ or check for no end date _____

*Final date is to follow lease expiration & cannot be final until all obligations are paid in full. Lease renewal extends final Debit date. Lessee agrees lessor can debit any additional fees after Final Debit is paid in full to cover any unpaid balances, damages, including other fees as described in the lease. Parking and storage are separate charges from unit.

Property Information (Property that payment is being applied to):

2620 Lofts - 2620 W. Washington Blvd.	Chicago	IL	60612
Address (include unit number above)	City	State	Zip

Payment Information:

(Please fill out E-Check information on Page 1 and Credit Card Information on Page 2). E-Check will be used first. If bank account has insufficient funds, you agree the payment and any fees will be charged to this credit card to bring your account to paid in full status.

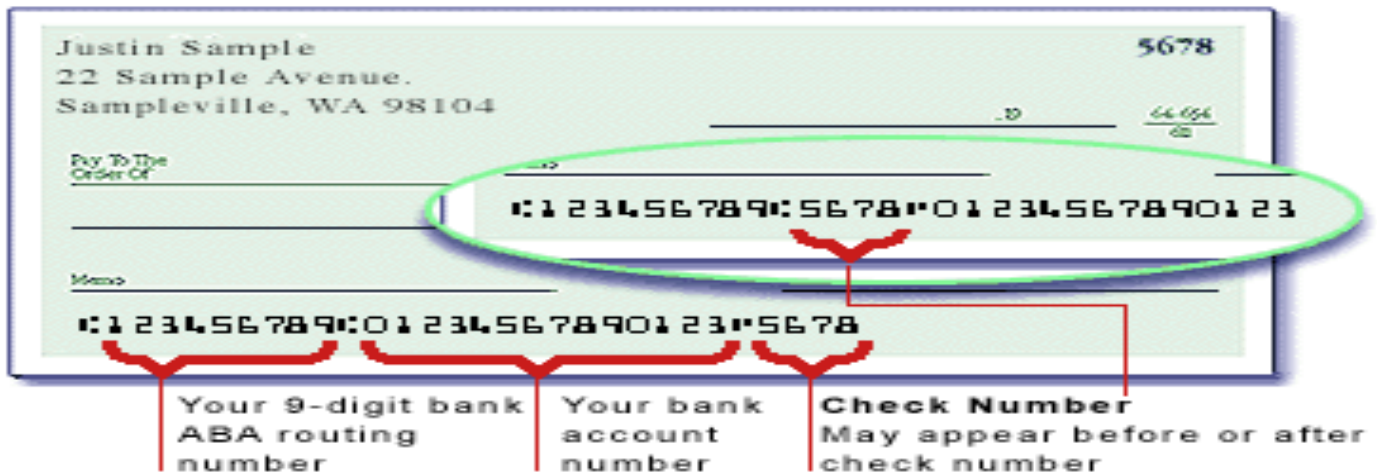
(X) _____ sign by tenant _____ - Date

E-check Information:

Check One of the Following: New Enrollment Add or Change Checking Account:

Individual Name Telephone # E-mail Address

Address City State Zip



***Please attach a voided check to the check sample above**

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 & for all outstanding balances due. In consideration of PayLease's performance of services hereunder, I acknowledge and agree to the following:

- I am the lessee occupying the premises, (or co-signer or designated payer) 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 will be assessed a fee (min. \$50) by PayLease, Inc. if my bank account has insufficient funds (NSF) to cover my lease payment on the designated day of debit. Additional bank & building fees may apply. Late Fees apply after the 5th (see lease)**
- I authorize Paylease to debit my credit card or financial account submitted above for the amount stated, on the day specified and for the duration of time specified. I waive the right to dispute any debits made by Paylease (or management) on these specified debit days unless in the event of fraudulent activity.
- I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.
- I understand I am responsible for any legal, late (1.5%/month) or other fees associated with issues on payment.
- Fees are subject to change.

Credit card is only used (FEES APPLY), if E-Check account HAS INSUFFICIENT FUNDS (unless tenant chooses credit card with fees) or if tenant provides email or other written permission:

Credit Card Information (VISA/MasterCard/Discover/American Express):

Card Number: _____

Card Expiration Date: /20 CVV2 Number _____
(Last 3 digits on the back of VISA Credit Card or front for Amex 4-digits)

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

LESSEE (Resident):

Print Name _____ Date _____



Signature