

ASHLEY COURT

AT PINNACLE POINT

SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize Ashley Court to initiate a debit entry 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:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name:			
Name on Account:			
Routing Number		Account Number	

Credit Card Account

Card Type: (check one)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Name on Card:			
Credit Card Number:			
Address on File:			
Card Expiration Date:		CVV:	

Amount	\$		Transaction Date	
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Authorization Statement

This authorization is to remain in full force and effect for the number of payments authorized above or until Ashley Court has received written notification from me (or us) of its termination, in such time and such manner as to afford Ashley Court a reasonable opportunity to act on it. I understand there is a \$25 convenience fee charged for all credit/debit card transactions and it will be added to the total amount above.

Name:			
ID#		State:	
Signature:			
Date:			