



Lease Collection made **EASY!**

PayLease Inc.
4455 Twain Ave.
Suite G
San Diego, CA 92120

Toll Free: (866) Pay-Lease
Phone: (619) 641-9255
Fax: (619) 641-9254
E-mail: support@paylease.com

Lessee Application and Agreement (“Agreement”)

1. Complete, sign and date this Agreement and keep a copy for your records.
2. If you will be using direct debit, please attach to this Agreement a voided check from your designated checking account ("Account"), which Account will be debited monthly for lease payments in the amount stated in the lease agreement between you and your property manager/lessor ("Lessor").
3. Send this Agreement, along with the attached voided check, to your Lessor for processing.
4. It takes 72 business hours for transactions to process. Business days are Monday-Friday excluding banking holidays
5. You may cancel a transaction or all future transactions at any time up to 48 business hours prior to debit by notifying your Lessor or Paylease. Notification includes via phone to Paylease or your property manager, e-mail to support@paylease.com, or fax to Paylease. Voice messages will not be accepted.
6. If you submit an e-mail address below, you will receive an e-mail notification prior to your debit day notifying you of your debit day and debit amount.

_____ Day of Month to debit Lessee’s account

_____ First Payment (Month/Year)

_____ Last Payment (Month/Year)

\$ _____ Transaction Amount

***Please fill out for Credit Card and Debit Card users**

Credit Card Information:   

Card Type: Visa/MasterCard/Discover (Please circle one)

Card Number: _____

Card Expiration Date: _____
Month / Year

CVV2 Number: _____
On the back of Credit Card

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

ZIP/Postal Code: _____

*3% service fee will be charged to your credit card/debit card

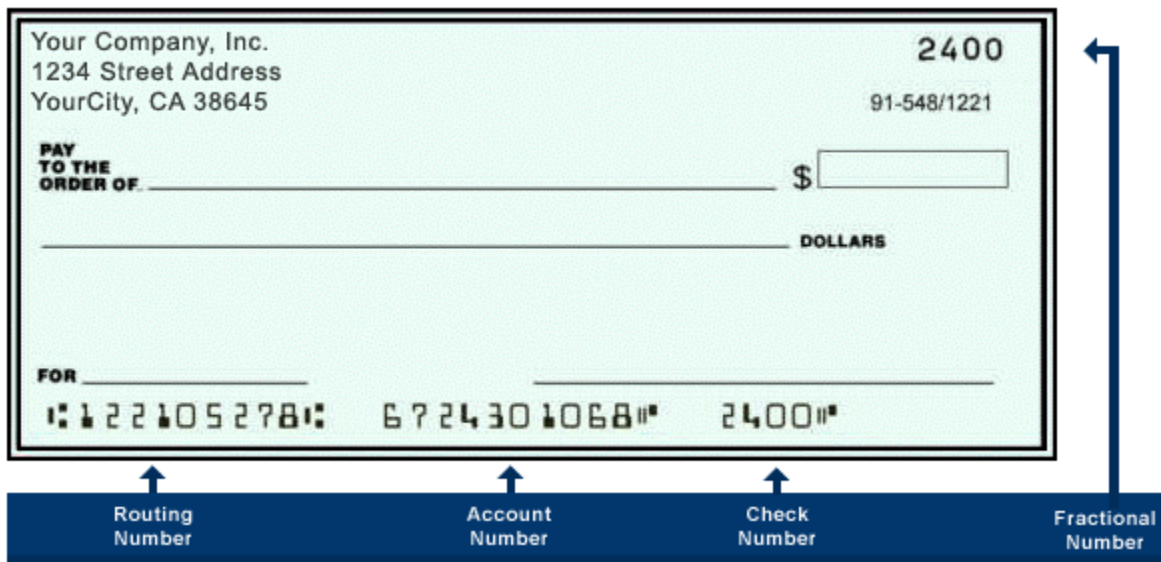
***Please fill out for e-check users (\$1.80 service fee will be added to total)**

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

Company/Individual Name Telephone # E-mail Address

Address City State Zip

Bank Name Routing Number (9 digits) Checking Account #



***Please staple voided check to top of check sample above**

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit and, if necessary, credit my Account every month this Agreement is in effect on the debit day stated above. In consideration of PayLease's performance of services hereunder, I acknowledge and agree to the following:

- 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 necessary approvals have been obtained to enter into this Agreement.
- I will be assessed a fee of \$20.00 by PayLease, Inc. if my bank account has insufficient funds to cover my lease payment on the designated day of debit for e-check payments.
- I authorize Paylease to charge my credit card submitted above for the amount stated, on the day specified and for the duration of time specified. I waive the right to dispute any charges made by Paylease 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.

LESSEE:

Print Name

Signature

Date