

Credit or Debit Card Authorization Form

(One Time Payment Only)

Property Name ("Landlord") _____

Resident/Applicant Name _____

Property Address ("Leased Premises") _____

Unit # _____

I hereby authorize and agree to allow Aspen Square Management, Inc., on behalf of the Landlord, to charge VISA / MasterCard / Debit (CIRCLE ONE).

Name on Credit/Debit Card _____

Address _____

City _____ State _____ Zip _____

Credit/Debit Card Number _____ Expiration Date _____

Amount \$ _____

Reason for Payment _____

Signed this _____ day of _____, 20____.

Resident/Applicant:

Landlord / Landlord's Agent:

