## Automatic Payment Authorization Form for Debits/Credits

All requested information is required. Upon approval, we will automatically debit/credit your card for the amount indicated and your total charges will appear on your monthly statement. You may cancel this automatic payment authorization at any time by notifying WILLIAMS INVESTMENT PROPERTIES in writing and allow up to 30-days for changes.

## **CUSTOMER INFORMATION**

Name:					
Address:					
Phone:	Email:				
		ESTMENT PROPE	NFORMATION	ly credit/debit the card listed	
Amount to be ch	arged on a m	onthly basis: \$	, S	, Start Date:	
If date falls on the w	eck here to se veekend or a hol	ALL-IN your authors an automatic with day in which we are clo		$3^{rd}$ $4^{th}$ $5^{th}$ of each month.	
		CARD INF	ORMATION		
Please Circle:	VISA	MasterCard	Discover	American Express	
Card Number			Expiration Date	CVV (three digit number on back of card)	
Cardholder's Zip	ling Address Code ( <i>assoc</i> G OCTOBE	(associated with all ciated with above co CR 1, 2018, WE HA	pove card): ard):	VICE FEE OF 3.75%	

## ADDITIONAL FEE BY PAYING WITH CASH/CHECK.

Customer's signature:

Date: