

# COLUMBIA WAY WEST

A LIMITED LIABILITY COMPANY  
On Northeast Bridgeton Road  
Contact: PO Box 5244  
Portland, Oregon 97208  
503-422-8487  
columbiawaywest@gmail.com

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## Recurring Payment Authorization Form

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If you would like to enjoy the convenience of automatic recurring billing/payment option, simply complete the payment authorization information in the section below and sign the form. All requested information is required. Upon approval, we will deduct the amount as described below on the date you requested on this form.

**Return by Email to [ColumbiaWayWest@gmail.com](mailto:ColumbiaWayWest@gmail.com) or by US Mail**

### Customer Information (to be completed by merchant)

Customer \_\_\_\_\_

Contact name \_\_\_\_\_ Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

### Payment Information (to be completed by merchant)

I authorize COLUMBIA WAY WEST LLC to automatically bill the checking account number below as specified.

Product/service description SLIP RENT

Recurring Amount \_\_\_\_\_

Frequency - Monthly

Start Date \_\_\_\_\_ (1<sup>st</sup>-10<sup>th</sup>) End on \_\_\_\_\_  End of Rental Term

Bank Routing number \_\_\_\_\_ Checking account number \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_