

## SCOTT COURT / SCOTT VILLAGE / SCOTT HALL

### RECURRING DEBIT AUTHORIZATION FORM

I (we) hereby authorize SCOTT RESIDENTIAL MANAGEMENT (SRM LLC) to initiate debit entries 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	
Account Holder Signature / Phone #		Date	

#### Credit Card Account

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Name on Card			
Credit Card Billing Address / City / State / Zip			
Card Number:			
Expiration Date:		CVV	
Account Holder Signature / Phone #		Date	

#### Payment Setup Information

<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Variable Amount Not to Exceed		Amount	\$
Number of Payments			
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Biannually (July and December)	
Payment Day		Start Date	

#### Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until SCOTT RESIDENTIAL MANAGEMENT (SRM LLC) has received written notification from me (or us) of its termination, in such time and such manner as to afford SRM LLC a reasonable opportunity to act on it.

Student Name		Building / Suite #	
UNO ID#		Student Phone #	