SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize The Village at Cloud Park, to initiate a debit entry 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:	❑ Checking ❑ Savings
Depository Financial Institution Name:	
Name on Account:	

Routing Number		Account Number	

Credit Card Account

Card Type: (check one)	❑ Visa ❑ Mastercard ❑ Discover
Name on Card:	
Credit Card Number:	

Card Expiration Date:		CVV (last 3 digits on back of card)	

Credit Card Billing Address:	

Payment Details

Amount	$	Transaction Date:	

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

Name:	
Address:	
City, State, Zip:	

Signature:		Date:	