

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(DEBIT/CREDIT CARD DEBITS)**

I hereby authorize University Square Investments, LLC to charge my debit/credit card for the following:

- Onetime payment \$ _____ Amount _____ Date withdrawn
- Monthly Payment \$ _____ Amount _____ Last month withdrawn
(All monthly payments will be drawn on the first available business day of the month.)

Debit/Credit Card Number: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

This authorization is to remain in full force and effect unless University Square Investments, LLC has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Name: _____ Building/Apartment: _____
(Please Print)

Signature: _____ Date: _____