



Agreement # \_\_\_\_\_

**Authorization to Process Payment**

In the event this application is approved and I enter into a Rental Lease Agreement with you, I hereby authorize you to debit my bank account or charge the credit card account identified below for the payment amounts due under my Rental Lease Agreement (together with any related fees, taxes, or charges that are due and owing) with you. This authorization will remain in full force and effect during the term of my Rental Lease Agreement until cancelled by you, or you receive my written revocation at:

Brook Furniture Rental, Inc.  
 Attn. Autopay Manager  
 100 Field Drive Suite 220  
 Lake Forest, Il. 60045

Cancellation or revocation of this authorization, does not affect any other payments authorized by me prior to such cancellation or revocation or in the future. I confirm that I am authorized under the terms of the applicable agreement with my bank or credit card issuer (the "Bank Agreement") to use the account that I have designated for payment. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable bank or credit card issuer to pay any charge in full does not release me from liability for obligations owing to you. I agree to comply with my Bank Agreement at all times that this authorization is in effect.

Checking Account     Savings Account     Credit Card     Debit Card  
(please provide a copy of voided check for verification)

Process # of Additional Months Rent \_\_\_\_\_

<b>Lessee Name:</b>			
<b>Name as it Appears on Bank Account or Credit Card:</b>			
<b>Bank Name:</b>			
<b>Bank Address (for checking or savings account)</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Routing (ABA) # (9 digits):</b>	<b>Account #:</b>		
<b>Card Type:</b>	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
<b>Card Number:</b>		<b>Exp Date:</b>	
<b>Billing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

Authorized Signature: \_\_\_\_\_

Name (type or print): \_\_\_\_\_ Date \_\_\_\_\_