

JC Higgins & Associates
802 39th Ave SW
P O Box 731029
Puyallup, WA 98373
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CREDIT/DEBIT CARD HOLDER'S AUTHORIZATION

Please Note: 3rd Party Credit Cards Are Not Accepted
(A 3% Convenience Fee will be added for each transaction.)

In lieu of my credit card imprint, I

Name of Cardholder As Shown On Credit Card

Hereby authorize JC Higgins & Associates to charge the below referenced account automatically each month, on the due date, and to apply said charges towards the payment of my monthly rent for the unit number (s) stated below. Said charges authorization is to be in an amount equal to my monthly rent and any other charges that accrue in accordance with the rental agreement.

Unit Address or Tenant Code: _____

Name on Card: _____

Account #: _____ Expiration Date: _____

 Visa _____ Master Card _____ Discover _____

Billing Address of Cardholder: _____

Phone number of Cardholder: _____

E-Mail Address: _____

Payment: ____ Deposit ____ Rent ____ Admin Fee ____ Monthly

By signing below and submitting for payment, I agree to all charges.

Signature

Date

(This agreement may only be canceled in writing.)