

JC Higgins & Associates  
802 39<sup>th</sup> Ave SW  
P O Box 731029  
Puyallup, WA 98373  
Ph: (253) 841-0111 Fax: (253) 840-3281

**CREDIT/DEBIT CARD HOLDER'S AUTHORIZATION**

**Please Note: 3<sup>rd</sup> Party Credit Cards Are Not Accepted**  
(A 4.5% 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.)*