



SurePay from Capital Asset Management

2701 E. Camelback Rd., Suite 170 Phoenix, AZ 85016 | 602-489-7990 | www.camcre.com

Advantages of Recurring Payments:

- No checks to write
- No postage to pay
- No chance of late fees

How SurePay Works:

You authorize a one-time or recurring payment to your credit card or bank account. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Payment Options:

Schedule your payment to automatically be deducted from your checking or savings account. Complete and sign the form to the right and return to accounting@camcre.com or our mailing address listed above.

If You Wish to Terminate SurePay Payment:

If you wish to terminate SurePay, you may do so by emailing accounting@camcre.com or sending a written notification to the address below. Please do so before the 20th of the month to ensure payment will not be withdrawn for the following month.

Capital Asset Management
Attn: SurePay
2701 E. Camelback Rd Suite 170
Phoenix, AZ 85016

Please complete the information below:

I, _____ (tenant account name),
authorize Capital Asset Management to charge my bank account indicated below on the first business day of each month for payment of my tenant statement.

Billing Address: _____

Email: _____

One-time: This is permission for a single transaction only that will take place on the date written below.

Recurring: This is permission for recurring transactions that will occur on the 2nd of each month. This method of payment will be used for the duration of the lease, unless specified otherwise.

Payment Type (Credit Card Payment): Visa Mastercard AMEX Discover

(An additional 3% processing fee will be added to this transaction.)

Cardholder Name: _____ **Card Number:** _____

Expiration: _____ **CVV2** (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Account Type (ACH Payment): Checking Savings

(No additional fee will be charged for using this service.)

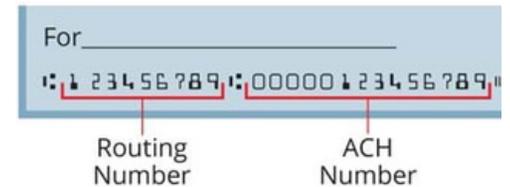
Name on Acct: _____

Bank Name: _____

Account Number: _____

Bank Routing #: _____

Bank City/State: _____



SIGNATURE _____ **DATE** _____

I understand that this authorization will remain in effect until I provide Capital Asset Management with written confirmation of termination or any changes to my account at least 10 days prior to the next billing date. If the first business day of the month falls on a weekend or holiday, I understand payment will be processed on the next business day. If the ACH Transaction is rejected due to Non-Sufficient Funds (NSF), I understand that the transaction is subject to a fee based on the verbiage of my agreement with the property. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this transaction with my bank so long as it corresponds to the terms indicated on this authorization form.

