

Spare Room I
1750 Central Avenue
Albany, NY 12205
Phone: 518-869-3599
Fax: 518-690-0236
SpareRoomColonie@live.com

Spare Room II
724 Watervliet Shaker Road
Latham, NY 12110
Phone - 518-785-4442
Fax - 518-690-0258
SpareRoomLatham@live.com

Automatic Payment Authorization Form

Please fill out completely and return to the appropriate location

With this option, your monthly payment will automatically be withdrawn from your credit/debit card.

Personal Information

Name _____
Current Street Address _____
City, State Zip _____
Home Phone _____

Unit number to be automatically paid Unit Number. ← Please write in your unit number (i.e. A10)

Required Information for: Charge my credit card

Card Type (V/MC/AX) _____
Card Number _____
Expiration Date (mm/yy) _____
Name on Card _____

Credit Card Billing Address (where you receive your credit card statements)
Street or P.O. Box _____
City, State, Zip Code _____

Email Receipt? Yes [] Email Address:
 No []

I, Name of Cardholder, the undersigned, authorize the management of Spare Room, to charge my credit/debit card specified above for charges incurred on the unit number listed above on the day it is due each month.

I also understand that I may terminate this agreement by giving notice to the Company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the Company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account in the AutoPay Program selected by me.

Signature

Date