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**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1612 MADISON WI

POSTAGE WILL BE PAID BY ADDRESSEE

**STEVE BROWN APARTMENTS**  
120 W GORHAM ST OFC  
MADISON WI 53703-9574



Steve Brown Apartments • 120 W. Gorham St. • Madison, WI 53703

**AVOID LATE FEES!**

Experience the Freedom of Automated Rent Payments!

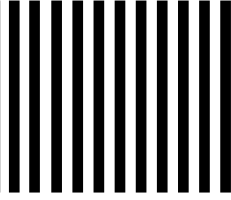
When it's time  
to pay your rent,  
why not do it the  
simple way!



Sign up for Automated  
Payment from Steve  
Brown Apartments.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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Experience the Freedom of Automated Rent Payment!



It's quick, it's easy and it's FREE!

If you'd rather not write a check to pay your rent every month, or if you forget and end up paying late fees, give our Automated Payments a try. You can have your monthly rent amount automatically deducted from your checking or savings account.

If Automated Rent Payment is right for you, sign up now. Just complete the form to the right and mail it to us, postage free. Completed forms can also be dropped off at any of our offices.

Don't forget to tear off this panel and tape a voided check or savings account deposit slip before you mail it back to us. Make sure to tape all three sides closed to keep your personal information concealed.

Questions? Call us at 608-255-7100 or toll-free at 877-SBA-1300.

**PLEASE NOTE, THIS FORM MUST BE RECEIVED SEVEN BUSINESS DAYS BEFORE YOUR RENT IS DUE.**

TEAR THIS PANEL OFF BEFORE MAILING

# Automatic Monthly Payment Agreement Form

## ACH Debit Authorization for Pre-Arranged Payments

### Monthly Payment Details:

_____	+	_____
Rent: \$		Parking: \$
_____	+	_____
Water/Sewer: \$		Other: \$
	=	_____
		Total Amount to Debit: \$

ACH Start Date: \_\_\_\_\_ month \_\_\_\_\_ year

ACH End Date: \_\_\_\_\_ month \_\_\_\_\_ year

### Banking Information:

\_\_\_\_\_  
Name on Account

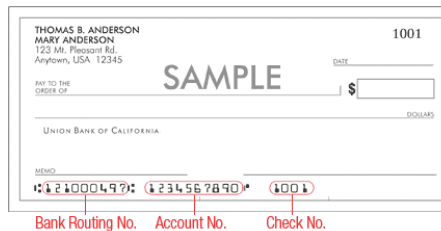
\_\_\_\_\_  
Second Name on Account, if Joint Account

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Bank City, State, ZIP

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Branch Routing Transit/ABA Number



Please attach a voided check or voided savings account deposit slip to the top of this form before sending it in.

I have attached a: \_\_\_\_\_ Check \_\_\_\_\_ Savings Dep. Slip

### Resident Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Current Address Apt. #

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work or Cell Phone

I (we) hereby authorize SBA Management Services (SBAMS) to initiate debit entries to the account indicated above for the total amount stated on the day my rent is due (or the first business day following a weekend day) each month, starting and ending on the dates indicated above.

This authority is to remain in full force and effect until SBAMS has received written notification from me (the account holder(s)) of its termination in such time and in such manner as to afford SBAMS a reasonable opportunity to act on it (by 5:00 p.m. 3 days prior to rent due date).

I understand that I am responsible for communicating any changes in this agreement and that any unapproved transaction for any reason (non-sufficient funds, closed account, etc.) will be subject to the standard fees as provided in the lease agreement(s) with SBAMS.

\_\_\_\_\_  
Account Owners Signature

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

Code # \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Cancelled \_\_\_\_\_

TAPE VOIDED CHECK HERE; DO NOT STAPLE