



GARDEN HOMES MANAGEMENT CORPORATION

29 Knapp Street, P.O. Box 4401
Stamford, Connecticut 06907
(203) 348-2200 • Fax (203) 967-8372
www.gardenhomesmanagement.com

AUTOMATIC PAYMENT PLAN

Save time and money by paying your rent with our free automatic payment plan!

You authorize a monthly payment to be made from your checking or savings account on either the 1st or the 8th day of each month. Your payments will automatically be made on the specified due date. Your proof of payment will appear with your bank statement. The authority you give to us to charge your account will remain secure with Garden Homes Management and will remain in effect until you notify us in writing to terminate the authorization.

If the amount of your payment changes, we will notify you at least 10 days before the payment date.

Please complete the form below and return it to our office ALONG WITH A VOIDED CHECK. You can return the form and check to us by mail or by fax to 203-967-8372 or via email to info@gardenhomesmanagement.com.

PLEASE PRINT ALL INFORMATION CLEARLY

I hereby authorize Garden Homes Management to initiate debit entries to my account of \$_____.

Payments are to be debited on a monthly basis, on the (please check one) 1st _____ or 8th _____ of each month, or the next business day. Payments are to begin on _____.
(month/year)

Name: _____ Property/Unit #: _____

Email Address: _____ Phone #: _____

Name of Bank: _____ (please check one) Checking _____ Savings _____

Bank Routing # _____ Bank Account # _____

I understand that this authority will remain in full force and effect until I notify Garden Homes in writing to cancel it in such time as to afford Garden Homes a reasonable opportunity to act on it. I have the right to stop payment of an automatic payment by notification to Garden Homes (5) business days before my account is to be charged. I further agree that any Payments returned for Insufficient Funds or Unpaid shall be subject to a Return Fee of \$20.00 and that my account may be electronically debited to recover both the Returned Payment and the Return Fee, as well as a late charge if returned after the 10th of the month.

Signature _____ Date _____

10/1/19