TierraVISTA
A Lend Lease Community

Authorization Agreement for Credit Card Payment

Please complete and sign this form to authorize payment, as applicable, of your monthly rent, fees or any damages sustained in the housing unit. By signing below, I (We): (1) hereby authorize Tierra Vista Communities LLC ("**TVC**") to credit and/or debit my (our) credit card in accordance with the terms set forth below; and (2) represent to TVC that the information provided below is true and accurate.

Name on Credit Card: _____

Credit Card (Check One ONLY): ☐ VISA ☐ MASTERCARD

Credit Card Number: _____

Credit Card Expiration: MONTH:_____ YEAR: _____

Billing Address of Credit Card: _____

Billing Zip Code of Credit Card: _____

Amount to be applied to Credit Card: _____

Primary Phone Number: _____

Payment Due Date (Check one or all): ☐ 1st of the month ☐ 15th of the month

I understand that my payment will be submitted on or around the Payment Due Date selected above. If the 1st or the 15th falls on a weekend or holiday, TVC will submit my (our) payment for processing on the first business day following such weekend or holiday.

TVC WILL BEAR NO LIABILITY OR RESPONSIBILITY FOR ANY LOSSES OF ANY KIND THAT I (WE) MAY INCUR AS A RESULT OF ANY ERRONEOUS PAYMENT, ANY DELAY IN THE DATE ON WHICH MY (OUR) CARD IS CHARGED OR CREDITED OR MY (OUR) FAILURE TO PROVIDE AND/OR UPDATE ACCURATE PAYMENT INFORMATION.

This authorization is to remain in full force and effect until TVC has received written notification from me (or either of us) of my revocation. Any such revocation must be provided at least two (2) business days prior to the Payment Due Date selected above by, respectively, faxing or emailing such revocation to (310) 241-6189 or mmarkel@tierra-vista.com, so as to afford TVC a reasonable opportunity to act on it.

Name(s) ID: _____
(PLEASE PRINT)

Signature: _____ Date:_____