



Dear Resident,

REMS INC is pleased to offer you a new payment service – the Direct Payment Plan. Now you can have your monthly payment made automatically from your checking or savings account and, you won't have to change your present banking relationship to take advantage of this service.

Our Direct Payment Plan will help you in several ways:

- It saves time – you'll have fewer checks to write.
- It helps you meet your payment commitment in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it will help you maintain good credit.
- It saves you postage.
- It is easy to sign up for, easy to cancel.
- No late charges.

Here's how our Direct Payment Plan works:

You authorize a monthly payment to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified due date. Your proof of payment will appear with your bank statement.

The authority you give to charge your account will remain secure with REMS INC 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 30 days before the payment date (in case of rent increase).

Our Direct Payment Plan is dependable, flexible, convenient, easy...and a low cost of \$2.00 per transaction. We encourage you to take advantage of this Program – Please complete the authorization form described below and return it to REMS INC, together with a VOIDED Check. We will start the Direct Payment Plan for you on the next payment due date.

I hereby authorize REMS INC to initiate debit entries to my account of \$ _____. Payments are to be debited on a Monthly basis, on the **First** of the Month or next following business day.

Payments are to begin on _____.
(mm/dd/yy)

I understand that this authority is to remain in full force and effect until I notify REMS INC in writing to cancel it in such time as to afford REMS INC a reasonable opportunity to act on it. I have the right to stop payment of an automatic payment by notification to REMS INC (5) business days before my account is to be charged. I further agree that any Payments returned NSF or Unpaid shall be subject to a Return Fee of \$25.00 and that my account may be electronically debited to recover both the Returned Payment and the Return Fee.

Bank/Financial Institution Name and Branch:		
City:	State:	Zip:
Name of Account Holder and REMS INC Unit/Account Number:		
Routing Number: (between these symbols : : on the bottom left of your check)		Account Number:
Account Type: (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Signature _____ Date _____

REMS INC

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