



75 Van Brunt St.
Brooklyn, NY 11231
(844) 482-6999

Payment Authorization Form

Company Name: _____

Name of Accountholder: _____

Please complete the information below:

I _____ authorize Hub Enterprises NY, LLC to process all charges for
(full name)

the above renter on my credit card or ACH Account. When signed, this document will serve as a signature on file for all rental agreements in my name and/or in the name of my company. Any outstanding balance can and will be charged to my credit card or ACH Account. In the event further charges such as parking or moving violations, tolls, fuel charges and other fees, I agree to pay Hub Enterprises NY, LLC.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Hub Enterprises NY, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Hub Enterprises NY, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.