



**AUTHORIZATION FOR AUTO PAY**

Credit Card     Debit Card

Agreement # \_\_\_\_\_

**Name as it Appears on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Card Type:**     American Express     Discover     Mastercard     Visa

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

By signing below, I authorize Brook Furniture Rental, to charge my credit or debit card on a monthly basis for my furniture rental payment. I will continue to send my payment to Brook Furniture Rental, Inc. until I receive a letter indicating the date the Auto-Pay Program begins. If there is a change in my monthly payment amount, Brook Furniture Rental, Inc. is authorized to transfer the new amount and will notify me of the change.

I confirm that I am authorized under the terms of the applicable agreement with my credit card issuer, as applicable (the "Bank Agreement"), to use the account that I have designated for the purpose of making payments under my Lease. I agree to comply with my Bank Agreement at all times that this Authorization is in effect. I understand that any failure by my credit card issuer, as applicable, to pay any charge in full does not release me from any liability for obligations owing to Brook Furniture Rental. I understand that any payment returned for any reason may be subject to a return payment fee.

Authorized Signature: \_\_\_\_\_

Name (type or print): \_\_\_\_\_

Please mail this completed form to:

**Brook Furniture Rental, Inc.**  
**Attn: Auto-Pay Manager**  
**100 Field Drive, Suite 220**  
**Lake Forest, IL 60045**  
Or fax it to: **(847) 810-4088**  
Questions? Call **1-866-276-6547**