



626 Shug Jordan Pkwy Auburn, AL 36832 (334)821-4400

Please fill out the form completely or processing maybe delayed.

I authorize Auburn Crossing Apartments to charge my credit card in the amount of \$ _____ on ____/____/200__.

****Note: refer to Lease Agreement for payment amount and due date****

Please check here if you want Auburn Crossing Apartments to charge this account on the first of each month for the 12 months listed on your leasing agreement.

▶ Begin Date: ____/____/200__ End Date: ____/____/200__

Resident Name: _____

Apartment Number: _____

Name on Card: _____

Credit Card Type: _____

****We do not accept American Express or Discover.**

Credit Card Number: _____

Expiration Date: ____/____

Security Number: _____

Cardholder's Signature: _____

Day time Contact Number :() _____

Evening Contact Number :() _____

****Please fax forms to (334) 821-4436 Attention: Tammy****