



**Lease Fee Recurring Payment Program
Authorization Form**

I, _____, hereby authorize Homestead Community Land Trust to deduct a lease fee payment in the amount of \$_____ on the 1st day of every month beginning on _____.

I agree that I will notify Homestead promptly if I cancel this credit card. Furthermore, I understand I should call 206.323.1227 x114 to cancel this payment program authorization.

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Last Four Digits of Credit Card: _____ Expiration Date of Card: _____

CREDIT CARD INFORMATION

Name as it Appears on Card: _____

Credit Card Number: _____

ZIP Code of Billing Address: _____

Verification Code (last three digits on signature panel): _____

Please fill out and return to Homestead by mail or fax.

**Homestead Community Land Trust
2524 16th Ave S, Suite 300
Seattle, WA 98144**

Phone: 206-323-1227

Fax: 206-5880253