Credit Card Authorization Form - Portland

Housing Northwest, Inc.
1604 SW Clay St. Portland, OR 97201
Ph: (503) 222-7105 Fx: (503) 241-6494

Please accept this as authorization to charge the following to my credit card:

Resident Name:_____ Building/Unit #:_____

Resident phone #:_____ Resident email:_____

Check one of the following payment arrangements:

☐ **One Time Charge:**

Amount $_____ Date:_____

Credit card fee $_____10.00____

Total: $_____

Reason:_____

☐ **Monthly Recurring Charge:**

Rent $_____ Start Date:_____

MTM Premium $_____ End Date (if applicable):_____

Roommate Fee $_____

Parking Fee $_____

Internet Fee $_____

Storage Fee $_____

Credit card Fee $_____5.00_____

Total: $_____

Note: A rent increase takes place every July. We will adjust your scheduled payment accordingly.

☐ Visa ☐ Mastercard

Name as it appears on your card:_____

Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration date: ☐☐ / ☐☐

V-Code (last 3 numbers on the signature plate located on the back of your card): ☐☐☐

Card Holder's billing address:_____

Card Holder's signature:_____ Date:_____

Card Holder's phone #:_____ Card Holder's email:_____

For Office Use Only

Accepted by:_____ Date:_____
(Staff Member)