



*18702 Crestwood  
Drive  
P.O. Box 2070  
Hagerstown, MD  
21742  
301-745-1612 (T)  
301-797-7162 (F)  
[www.dynacorpinc.com](http://www.dynacorpinc.com)*

*DENISE NOLAN  
Property Manager*

## **INTRODUCING OUR NEW AUTO-PAY PROGRAM**

Dear Residents:

We now can offer you a new and convenient method to make your monthly rental payments. DynaCorp is now offering our Auto-Pay Program. This is a reliable and confidential way to have your rent and other amounts due under your lease processed and paid from your bank account. With this program, your payment is electronically debited from your checking or savings account as a regularly scheduled payment.

### **NO COST TO YOU**

This is a free service to our DynaCorp residents. Roommates may enroll. However, only one resident (roommate) per home may participate. This resident will be assessed the total charges attributable to the home.

### **PIECE OF MIND**

You do not need to worry about getting your rent check in on time or paying late fees. We take care of it for you.

### **EASY TO USE**

Your payment will be shown on your monthly bank statement as a debit with date paid, amount, and the item description.

### **TO ENROLL**

- Complete the attached information form
- Attach a voided check to the form
- Return the enrollment form and voided check to DynaCorp, Inc. Attn: Denise Nolan
- Payments will be processed on the 2<sup>nd</sup> calendar day of each month
- If payment is denied, all applicable fees will apply
- To make a change, notify Denise Nolan in writing at least ten days before the next scheduled payment
- This service will continue until a written notice to cancel is received by DynaCorp

We are very excited about this new service. If you have any questions I will be happy to assist you. Please feel free to call me at 301.745.1612.

Sincerely,

DYNACORP, INC

*Denise Nolan*  
Property Manager



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Property Manager

I agree to the automatic deduction from my bank account upon the terms reflected in this Auto-Pay Enrollment Form.

_____	_____	_____
Print Name	Address	Name of Bank
_____	_____	_____
Signature	Date	Bank Address
_____	_____	_____
Phone #	Email	City, State, Zip Code
_____	_____	_____
Month to begin Auto-Pay Program	_____	Bank Account Number
_____	_____	_____
		Bank ABA Routing Number (9 digits)
		_____
		Account Type (savings or checking)

ATTACHED VOIDED CHECK HERE

OFFICE USE ONLY:

Entered data RentPayment.com \_\_\_\_\_ Password \_\_\_\_\_ Sign on \_\_\_\_\_

Entered into ACH spreadsheet \_\_\_\_\_ Attach memo to Yardi \_\_\_\_\_