



Store Name: _____
 Address: _____
 City, State ZIP: _____
 Phone: _____

AUTOMATIC DEBIT AND/OR CREDIT CARD BILLING (“AUTOPAY”) AUTHORIZATION FORM

I, (full name) _____,

whose address is (address, city, state, zip) _____,

do hereby authorize the above name storage facility to automatically debit my debit or credit card listed below for charges incurred in connection with the storage unit(s) listed below. I understand such debiting for rental payments and related charges on the unit(s) will normally occur on the due date of which rent payment(s) is (are) due each month for as long as I remain an occupant in the listed unit(s) or until such time as I deliver written notice terminating this authorization. Such termination notice, if given, is to be delivered to you at the above indicated storage facility address. I also understand that the amount debited will automatically increase as the rental rates increase per the Self Storage Agreement.

I also agree to hold the above named storage facility, its Owners and Agents harmless from any and all liability as a result of its activities in connection with such transactions.

If approval cannot be obtained from the credit card company and/or issuer of the debit card, the card has expired or the card is declined and another form of payment is not made by the tenth day of the due date of which rent payment(s) is (are) due, your rental account(s) will be subject to Late Payment Fees at the close of business on the tenth day for which the rent payment(s) is (are) due.

I also understand that if for any reason the credit card company and/or issuer of the debit card fails to advance payment to you as required by the Self-Storage Agreement (whether that failure is due to lack of necessary credit/funds availability, instructions from one or more parties on card holder agreement or for any other reason), I will be liable for any unpaid Rent, Late Payment Fees, Administrative Fees, Preliminary Lien Fees, Lien Fees, Publication Fees, Costs of Auction Fees and other related charges under the Self-Storage Agreement and will be subject to the remedies and lien rights encompassed under the provisions of the “California Self-Storage Facility Act,” Chapter 10 (commencing with Section 21700), Division 8 of the California Business & Professions Code which provides and authorizes Owner to sell Occupant’s property to satisfy any unpaid sums.

For the purpose of this Agreement, I hereby authorize the above indicated storage facility to automatically bill the credit or debit card ending in the last four digits listed below:

Credit/Debit Card Account Information

_____	_____	_____
Name on Card (exactly as shown on card)	Cardholder Signature	Today’s Date
_____	_____	_____
Billing Address	City, State ZIP	Unit/Apartment #
X X X X – X X X X – X X X X – _____	_____	_____
Card Number - Last Four (4) Digits ONLY*	_____	Card Expiration Date
* For your security, your full card number will be confirmed with you in-person or by phone and entered directly into our payment system where it will be stored with privacy encryption. For verification purposes, we will only retain the last four digits of your card number on file.		

Upon submission of this form, you are authorized to automatically bill my credit/debit card for amounts due.

My Space Number(s): _____ Occupant Name: _____
 Home Telephone: _____ Alternate Telephone: _____

Enrollment Cancellation

My signature below is written notice to terminate this authorization. I understand that depending on my Rent Due Date my account may be automatically debited one time before this request can be processed. Once my cancellation has been processed, I will be responsible for paying the bill in full when due.

Signature: _____ Date: _____

OFFICE USE: Verify and enter info to payment system. Make activity notations to account.

Enroll Reviewed & Accepted By: _____ Date Received: _____ Date Entered: _____
 Cancel Reviewed & Accepted By: _____ Date Received: _____ Date Entered: _____