

OPTIONAL FORM:

ONLY FILL THIS FORM OUT IF SIGNING UP FOR AUTOBILL BY CREDIT CARD, OR
AUTOMATIC WITHDRAWAL FROM YOUR CHECKING ACCOUNT (ACH)

THE STORAGE SPOT

Automatic Payment Authorization Form

The Storage Spot, henceforth known as the Company, is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.

After filling out your personal information, please choose one billing option:

Option 1) Have your payment automatically withdrawn from your bank account

Option 2) Have your payment automatically charged to your credit card.

ANY LINE MARKED WITH (*) IS REQUIRED TO BE FILLED OUT

Personal Information

Name (as it appears on your account or credit card): _____

Other names on your account or credit card: _____

Current street address: _____

Home phone: _____

Unit number(s) to be automatically paid: _____

*Billing options (select one)

Charge my bank account

Charge my credit card

Required Information for Option 1: Charge my bank account

A voided check must be attached to initiate this option.

*Routing and transit number _____ (1ST SET OF NUMBERS)

*Checking/Savings account number _____ (2ND SET OF NUMBERS)

Required Information for Option 2: Charge my credit card

*Credit card type VISA [] MC [] DISCOVER [] AMEX []

*Card Number: _____

*Expiration Date (mm/yy): _____

Name on Card: _____

(If different): _____

Credit Card Billing Address: _____

(If different): _____

I, _____, the undersigned, authorize the management of The Storage Spot, to charge my checking account or credit card specified above for charges incurred on the unit numbers listed above between the 1st & 5th day of each month. I also understand that the amount of the payments may vary each month if there are fees or rent rate changes.

I also understand that I may terminate this agreement by giving notice to the Company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the Company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the AutoPay Program selected by me.

Tenant Signature

Date