Credit Card/ E-Check Auto Pay Authorization Form

Tenant (print name): _____

Unit(s)#: _____

I, _____, authorize _____ to charge my credit card on a monthly basis to pay for rental charges incurred in relation to my rental of the storage unit(s) above. I understand that these charges will be charged to my card or bank account for:

1. _____(initial) **AUTOPAY** on the date rent is due, with the possibility that it may take several days to charge the payment

2. _____(initial) **MANUAL or OVER THE PHONE** when I verify my identification and give the account number either over the phone or in person.

3. _____(initial) **DECLINE: I do not want auto pay or the ability to pay over the phone or in person with a credit card or E-check currently.**

4. _____(initial) **DECLINE/ AUTHORIZE: I do not want auto pay, but I do authorize MANUAL or OVER THE PHONE** payment when I verify my identification and give the account number either over the phone or in person **.**

   * I understand and agree that my payment will be processed in a "card not present environment."
   * I agree to update _____ of changes in any of the following items in order to continue using this service: 1) expired card; 2) changes to credit card number; 3) change in expiration date; 4) change in card security code; 5) change in billing address.
   * If _____ is unable to process my payment, I will be responsible for an alternate timely payment arrangement and any resulting processing fees.
   * I agree that I will be responsible for any fees resulting from any declined transactions.

   * I release _____ from any claims, demands, losses or expenses (including attorneys' fees) for any damages arising from its use of my account, except for actions taken outside the permitted terms of this Addendum.
   * I understand and agree that if the transaction is declined, said failure to pay shall constitute a default under my Rental Agreement and subject the contents of my storage unit to possible foreclosure and sale.
   * Upon written notice, this payment option may be terminated at any time by me or _____.

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* The amount specified above is the current lease rate. Should rates increase, _____ is authorized to charge the new unit rate.

I further understand that if this credit card/ E-check payment is declined for any reason, I am responsible for paying the rental charges on or before the due date. I understand that I will be responsible for any late charges that accrue due to the denial of this credit card/ E-check.

I also release _____ from any liability associated with holding this information on file.

Credit Card Type(mc/visa/disc./amex): _____

Credit Card Number: _____

Expiration Date: _____

Account Holders Signature: _____ Date: _____

Manager Signature: _____ Date: _____

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