



Automatic Payment Authorization Form

Storage98110 offers an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your credit card account.

Personal Information

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

Current street address

City, State Zip

Home phone

Unit number(s) to be automatically paid

Billing option:

Charge my credit card

Charge my credit card:

Card Number

Expiration Date

Name on Card

Billing Address

City, State, Zip Code

I, _____, the undersigned, authorize the management of Storage98110, to charge my credit or debit card specified above for charges incurred on the unit numbers listed above at the beginning of each month. I also understand that the amount of the payments may vary each month.

I also understand that I may terminate this agreement by giving notice to Storage98110. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for Storage98110 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