



Automatic EFT Payment Authorization Form

Storage98110 offers an automatic Electronic Funds Transfer (EFT) payment option. With this option, your monthly payment will automatically be withdrawn from your checking or savings account.

Personal Information

Name (as it appears on your account) _____

Current street address _____

City, State Zip _____

Cell phone _____

Unit number(s) to be automatically paid _____

Billing option:

Charge my account via Electronic Funds Transfer (EFT)

Account Information:

Bank _____

Routing number _____

Type of account (Personal Checking, Savings, etc.) _____

Account number _____

City, State _____

I, _____, the undersigned, authorize the management of Storage98110, to charge my account 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