AUTHORIZATION FOR AUTOMATIC CREDIT/DEBIT CARD CHARGES OR AUTOMATED CLEARING HOUSE (ACH)

TO TAKE ADVANTAGE OF THE CONVENIENCE OF AUTOMATED MONTHLY PAYMENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION AND SIGN AS INDICATED.

This authorization form is for the following unit(s):_____

I authorize Hideaway Self Storage (facility name) to automatically debit the monthly rent for the unit(s) shown above from my credit or debit card or bank account as detailed below. As of this date, the total amount to be charged monthly is $_____. I understand that I will be notified in writing, as set forth in the Rental Agreement, if the rental amount due for my unit(s) changes, and that the amount debited monthly will reflect the effective rate. This authorization will remain in effect until terminated in writing and shall also serve to authorize any non-recurring charges due under the Rental Agreement including NSF fees and late fees.

We reserve the right, with advance written notification, to terminate your participation in this payment option. If an automatic debit is refused for any reason, including over-credit-limit charges, closed or unauthorized account, insufficient funds, or incorrect expiration dates, we may not be able to process payment. If payment is unable to be processed in a timely manner, late charges and other applicable charges as set forth in the Rental Agreement may be charged and alternate payment method may be required.

_____ _____

Tenant's signature **Date**

_____

Printed name

Credit or Debit Card

Card type: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

_____

Name as it appears on the card Billing address for card City ST Billing ZIP

_____ _____ _____

Card number Expiration (MM/YY) CVV2

Automated Clearing House (ACH)/Bank Draft

_____ _____

Financial institution name Branch/address

_____

Name(s) on account

_____ _____

Bank routing number Checking/savings account number

Please include a voided check with this form.

CANCELLATION BY TENANT. You have the right to cancel auto payments and may do so by filling out the below information and returning it to us. It is your responsibility to ensure that we receive notice of your cancellation. It may take more than one billing cycle for the cancellation to become effective.

❑ Effective _____ (date), please cancel my automatic credit card or ACH debit for rent. I understand that I am still obligated to pay any outstanding amounts due, and am subject to the terms set forth in the Rental Agreement for default if payment is not made.

_____ _____

Tenant's signature Date

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