



Commercial • Residential

AUTHORIZATION FOR AUTOMATIC ACH DEBIT OR CREDIT CARD PAYMENT

Choose your payment method

ACH checking account debit (voided check required) ATTACH VOIDED CHECK HERE

Credit card (Visa, Mastercard, Discover or American Express)

Tenant name _____ Unit # _____

Email address _____

I hereby authorize Storage Master to debit my checking account or charge my credit card depending on the method I chose above the 1st of each month in the amount of \$_____ my monthly rental fee beginning _____ and understand it will continue until I give a 10 day written notice prior to the end of a month to terminate my storage unit. I understand that if I give notice to vacate my unit by the end of a month and still occupy my space on the 1st of the month or fail to remove my lock another month will be charged against my account. I agree to keep Storage Master up to date of any changes in account information, expiration dates, address and phone number changes. I understand that if I choose ACH debit as my payment option and no funds are available at the time rent is charged a \$25.00 NSF fee will be assessed. By signing below, you agree to the terms and conditions of this agreement, you also constitute you are the authorized user of the account information provided below and agree to the amount to be debited or charged as stated above.

ACH Information

Name of account _____

Financial Institution _____

Routing # _____

Account # _____

Credit card Information

Name of card _____

Card Number _____

Expiration date _____

Billing address _____

City, State and Zip code _____

Tenant Signature _____

Date _____

Tenant name printed _____