Sequim Self Storage, Inc.

40 Taylor Cutoff Road, Sequim, WA 98382 Phone (360) 683-3000 Fax (360) 680-1699

SequimSelfStorage.com

AUTOMATIC PAYMENT AUTHORIZATION

***Please complete the section below to request Automatic Payment to be started or stopped.**

I, _____, hereby authorize Sequim Self Storage, Inc to charge the below
PRINT NAME
referenced card number automatically on the _____ day of the month, and to apply said charge towards the
Day
payment of my monthly rent for unit: _____. Said charge authorization is to be in an amount equal
Bldg. & Unit
to my monthly rent in effect at the time plus any late fees or charges. I understand that it shall remain my obligation to notify Sequim Self Storage, Inc of any changes of billing address or phone number, on the "Change of Information Form" provided at Sequim Self Storage, Inc and to complete a new "Automatic Payment Authorization Form" as well for any changes on the debit/credit card number and/or expiration date.

_____ _____
Signature of Tenant **Date**

CREDIT CARD/DEBIT CARD INFORMATION

Name (as appears on card): _____

Credit Card: _____ **Credit Card Number:** _____ **Exp. Date:** ____/____
Disc/Visa/MC/Debit

I understand that it shall remain my obligation to notify Sequim Self Storage, Inc prior to stopping my Agreement. I understand that it may take up to (10) days to stop automatic payments after written notification.

REQUEST TO STOP AUTOMATIC PAYMENT

I, _____, hereby authorize Sequim Self Storage, Inc to stop automatic
PRINT NAME
Payment on the following date: _____, for the above noted card.

_____ _____
Signature of Tenant **Date**

STAFF TO COMPLETE UPON RECEIPT

Date Received: _____ **Received Via:** _____ **In-Person by Tenant**
_____ **Invalid Delivery**

Received by: _____

Entered into Computer By: _____ **Date Entered:** _____

*This form is to be retained in the Tenant Storage Unit file.