



Storage for now, storage for later, storage for life!

Credit/Debit Card Auto Pay Authorization Addendum

Required information:

Card Number : _____

Expiration Date (mm/yy) : _____ CVV Code: _____

Your Name as it appears on the card: _____

I authorize Hwy 43 Self Storage to charge my credit card specified above for charges incurred on the following unit number(s): _____. I understand that these charges will occur on the 1st of each month and that the payments amount may vary.

I understand that I may terminate this agreement by giving written notice to Hwy 43 Self Storage at any time. I also understand that I must allow a reasonable amount of time after receipt, for the Facility to act upon my notice.

In addition, I understand that additional service charges may apply if payment is declined.

Bill to address associated with the above listed credit card if different than the primary mailing address you have provided:

Street: _____ City: _____

State: _____ Zip Code: _____

Please enroll my account(s) in the Auto Pay program I have selected.

Signature : _____ Date : _____

Printed Name : _____