



Storage for now, storage for later, storage for life...Experience the difference!

Auto Pay Authorization Form; Credit Card

Required information to charge my credit card:

Credit card type (Mastercard, Visa) : _____

Card Number : _____

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

Name on 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 Company 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:

Street #: _____ Zip Code: _____

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

Signature : _____ Date : _____

Printed Name : _____