

Enon Self Storage

Automatic Payment Authorization Form

Enon Self Storage, henceforth known as the Company, is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking or credit card account.

After filling out your personal information, please choose one billing option:

- Option 1) Have your payment automatically withdrawn from your bank account
- Option 2) Have your payment automatically charged to your credit card.

Personal Information

Name as it appears on account: _____

Current Address: _____

City, State Zip: _____

Daytime phone: _____ Email: _____

Unit number(s) to be automatically paid _____

Billing options (select one)

- Charge my bank account
- Charge my credit card
- Onetime \$25 reservation fee (Other amount: \$_____)

Required Information for Option 1: Charge my bank account

A VOIDED CHECK MUST BE ATTACHED TO INITIATE THIS OPTION IN PERSON. YOU MAY INITIATE THIS OPTION ONLINE WITHOUT PROVIDING A VOIDED CHECK TO THE OFFICE.

Routing and transit number _____

Checking/Savings account number _____

Required Information for Option 2: Charge my credit card

[] Visa [] Mastercard [] Discover [] American Express

Card Number _____

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

Name as it appears on the Card: _____

Credit Card Billing Address: [] same as above

Street or P.O. Box _____

City, State, Zip Code _____

I, _____ the undersigned, authorize the management of **Enon Self Storage** to charge my checking account or credit card specified above for charges incurred on the unit numbers listed above on the **FIRST BUSINESS DAY** of each month. I understand that the amount of the payments may vary each month dependant on my balance due and accept full responsibility for verifying my balance before payment is drafted. *Please note: We are unable to split automatic payments.*

I also understand that I may terminate this agreement by giving notice to the Company at any time in writing, but must allow a reasonable amount of time after receipt for the Company to act upon it. *Additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the Auto-Pay Program selected above. I accept and authorize payment in full.

Tenant Signature

Date