



AUTOPAY AUTHORIZATION CARD (Page 2 of 2)

Required Information for Option 1: Charge my bank account

A voided check must be attached to initiate this option.

Routing and transit number _____

Checking/Savings account number _____

Routing and account numbers are located on checks as shown below

Name	Check Number
Pay To The Order Of _____	\$ _____
Dollars _____	
0000000000000000	1111111111111111 2222222222

0000000000000000 = routing number 1111111111111111 = account number

Required Information for Option 2: Charge my credit card

Credit card type (like Visa) _____

Card Number _____

Expiration Date (mm/yy) _____

Name on Card _____

I, the undersigned, authorize the management of Storage Master, .L.L.C. , to charge my checking account or credit card specified above for charges incurred on the unit numbers listed above each month. I also understand that the amount of the payments may vary each month.

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

Please enroll my account(s) in the AutoPay Program selected by me.

Signature: _____ **Date:** _____