



AUTOPAY AUTHORIZATION CARD (Page 1 of 2)

Self Storage on Wheels, LLC is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.

Name (Print) _____ **Unit Number** _____

Location

Silver Spring Dr. _____ Moorland Rd. _____ Caledonia _____

Personal Information

Name _____

(as it appears on your credit card or checking account)

Street _____

City _____ **State** _____ **Zip Code** _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Please choose one billing option:

_____ Have your payment automatically withdrawn from your bank account

_____ Have your payment automatically charged to your credit card.



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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 _____	
00000000000000	11111111111111 2222222222

00000000000000 = routing number 11111111111111 = 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 Self Storage on Wheels, LLC. 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** _____