

**AUTO BILL FORM**

Unit #: \_\_\_\_\_ Name: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Your billing address: \_\_\_\_\_

(where you receive the card bill) \_\_\_\_\_

Current Home Phone #: \_\_\_\_\_ Credit Card Type (circle one):    

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code \_\_\_\_\_

**Yes**, I would like to participate in Autobill. I understand that my rent will be automatically charged to my credit card number above on my lease's anniversary date. To be removed from auto-bill, you **must** submit this request in writing.

I understand that my rent will not automatically charge and normal late charges will accrue (if applicable) if the following situations occur:

INITIAL

- \_\_\_\_\_ I exceed my credit limit (authorization declined).
- \_\_\_\_\_ My credit card expires (authorization denied).
- \_\_\_\_\_ I **do not** maintain the current credit card billing address.
- \_\_\_\_\_ I understand that my card **will be charged** unless I give the required 10-day Notice of Intent to Vacate.
- \_\_\_\_\_ I understand that after two times declining, at our discretion, we can remove you from Autobill.

I understand it is **MY** responsibility to maintain a valid credit card, **NOT** that of the storage facility, and I may be charged late fees and/or other fees if my card cannot be charged.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL: I would like these additional cards kept on file for possible usage:**

Card #1 Type: \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_ V-Code \_\_\_\_\_

Card #2 Type: \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_ V-Code \_\_\_\_\_