

AUTO BILL/PAYMENT BY PHONE FORM

Unit #: _____ Name: _____

Name as it appears on card: _____

Credit Card billing address: _____

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

Credit Card Number: _____

Expiration Date: _____ V-Code _____

Initial > Your credit card will be **charged if you go into the lien process**, whether you are **Auto-bill/pay-by-phone** customer. We will try to charge your credit card **once a month for 3 month's prior to the auction sale date**.

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.

I also understand that my rent will not automatically charge and normal late charges will accrue (if applicable) if:

INITIAL

_____ To be removed from auto-bill/pay-by-phone you **must** submit this request in writing.

_____ I exceed my credit limit (authorization declined).

_____ my credit card expires (authorization denied).

_____ I **do not** maintain the current credit card billing address.

_____ I also understand that my card **will be charged** unless I give the required 10-day Notice of Intent to Vacate.

No, I prefer not to use autobill. I will call each month when I wish to pay by credit card. I understand I will not be charged until I call, and all late fees will apply if I do not call or pay on time.

I also 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 _____