WALLA WALLA SELF STORAGE, LLC

P.O. Box 458 Walla Walla, WA 99362 (509) 529-5771

Automatic Credit Card Billing Authorization Form

- No check to write. No postage to pay.
- No more forgetting to pay on time. Avoid late charges.
- Earn rewards and other perks offered by your credit card company.
- Receive discounts on monthly rent by easily paying for 6 or 12 months at a time.

If you would like to enjoy the convenience of automatic billing to your credit or debit card, simply fill out the information below and send to us. Upon approval, we will then automatically bill your primary credit card (or the alternate card if the first one is declined for some reason) for amounts due each month. It's easy and is only $1 per month for this service *(convenience fee)*.

_____ Name on your Walla Walla Self Storage account

_____ Unit# number(s) at: Mill Creek, Storage Quest, Main Street, Melrose Mini

_____ Home phone

_____ Work phone

PRIMARY CREDIT CARD ACCOUNT
Visa–MasterCard–Discover–American Express (circle one)

_____ Name on credit card (exactly as printed)

_____ Billing address for credit card (Street, Apt.#)

_____ City, State, Zip

_____ **Credit card number** **Exp. Date**

_____ **Signature** **Today's date**

ALTERNATE CREDIT CARD ACCOUNT
Visa–MasterCard–Discover–American Express (circle one)

_____ Name on credit card (exactly as printed)

_____ Billing address for credit card (Street, Apt.#)

_____ City, State, Zip

_____ **Credit card number** **Exp. Date**

_____ **Signature** **Today's date**

I authorize Walla Walla Self Storage, LLC., to automatically bill one of the credit cards listed above as specified below:

- ❑ Bill my credit card on a monthly basis starting on (*day and month*) _____.

Please tell us how long you want us to automatically bill your credit card:

- ❑ This authorization is valid until move out.
- ❑ This authorization is valid for one year from (date) _____.
- ❑ This authorization is valid until (date): _____.
  At the end of this time, you will be given the opportunity to renew your authorization.

You may cancel this automatic billing authorization at any time by contacting us in writing at:

Walla Walla Self Storage, LLC P.O. Box 458 Walla Walla, WA 99362 509-529-5771

Walla Walla Self Storage, LLC., may periodically increase your monthly rent rate and, if necessary, apply any other charges incurred per the Rental Agreement (i.e. Lock Out, Unit Light Left On, etc.) to the above listed credit cards.

_____ **Occupant's Signature** **Date**

_____ **On Behalf of Owner** **Date**

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