



132 Deer Park Road, Port Angeles, WA 98362 (360) 417-1199 Fax: (360) 417-1144
www.DeerParkSelfStorage.com

AUTOMATIC PAYMENT AUTHORIZATION

***Please complete the section below to request Automatic Payment to be started or stopped.**

I, _____, hereby authorize Deer Park Self Storage, LLC to charge the below
PRINT NAME
referenced card number automatically on the ____ day of the month, and to apply said charge towards the
Day
payment of my monthly rent for unit : _____. Said charge authorization is to be in an amount equal
Bldg. & Unit
to my monthly rent in effect at the time plus any late fees or charges. I understand that it shall remain my obligation to
notify Deer Park Self Storage, LLC of any changes of billing address or phone number, on the "Change of Information
Form" provided at Deer Park Self Storage, LLC and to complete a new "Automatic Payment Authorization Form" as well
for any changes on the debit/credit card number and/or expiration date.

Signature of Tenant

Date

CREDIT CARD/DEBIT CARD INFORMATION

Name (as appears on card): _____

Credit Card: _____ Credit Card Number: _____ Exp. Date: ____/____
Disc/Visa/MC/Debit

I understand that it shall remain my obligation to notify Deer Park Self Storage, LLC prior to stopping my Agreement. I understand that it may take up to (10) days to stop automatic payments after written notification.

REQUEST TO STOP AUTOMATIC PAYMENT

I, _____, hereby authorize Deer Park Self Storage, LLC to stop automatic
PRINT NAME
Payment on the following date: _____, for the above noted card.

Signature of Tenant

Date

STAFF TO COMPLETE UPON RECEIPT

Date Received: _____ Received Via: _____ In-Person by Tenant
Invalid Delivery

Received by: _____

Entered Into Computer By: _____ Date Entered: _____