



40 Taylor Cutoff Road, Sequim, WA 98382 Phone (360) 683-3000 Fax (360) 680-1699

SequimSelfStorage.com

AUTOMATIC PAYMENT AUTHORIZATION

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

I, _____, hereby authorize Sequim Self Storage, Inc 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 to my
Bldg. & Unit
monthly rent in effect at the time plus any late fees, insurance or charges. I understand that it shall remain my
obligation to notify Sequim Self Storage, Inc of any changes of billing address or phone number, on the
"Change of Information Form" provided at Sequim Self Storage, Inc 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: _____
Disc/Visa/MC/Debit

Credit Card Number: _____ Exp. Date: ____/____ CVV # _____

I understand that it shall remain my obligation to notify Sequim Self Storage, Inc 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 Sequim Self Storage, Inc 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: _____