AUTHORIZATION FOR AUTOMATED CLEARING HOUSE (ACH) PAYMENTS

TO TAKE ADVANTAGE OF THE CONVENIENCE OF AUTOMATED MONTHLY PAYMENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION AND SIGN AS INDICATED This authorization form is for the following unit(s): # I authorize A&B STORAGE to automatically debit the monthly rent for the unit(s) shown above from my bank account, as detailed below. As of this date, the total amount to be charged monthly is \$_____. I understand that I will be notified, in writing, as set forth in the Rental Agreement if the rental amount due for my unit(s) changes, and that the amount debited monthly will reflect the effective rate. This authorization will remain in effect until terminated in writing. We reserve the right, with advance written notification, to terminate your participation in this payment option. If an automatic debit is refused for any reason, including over-credit-limit charges, closed or unauthorized account, insufficient funds, or incorrect expiration dates, we will not be able to process payment. In this event, late charges and other applicable charges as set forth in the Rental Agreement will be charged, the transaction will be treated as a returned check for purposes of the Rental Agreement, and you will be required to provide an alternate method of payment. Tenant's signature Date Printed name Automated Clearing House (ACH)/Bank Draft Financial institution name Branch/address Name(s) on account Bank routing number Account number Type of account (check one): Checking Savings___ **PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM** CANCELLATION BY TENANT □ Effective (date), please cancel my automated debit for rent. I understand that this notice must be received by A&B STORAGE by the 1st of the month in order to cancel the debit for that month. I also understand that I am still obligated to pay any outstanding amounts due, and am subject to the terms set forth in the Rental Agreement for default if payment is not made. Tenant's signature Date