

Storehouse Mini Storage Complex

3651 Iron Gate Road, Bellingham WA 98226
Ph. 360.746.1199 Email: storehouse@coastmgt.com

OPTION 1: Automatic Credit Card Payment Authorization -----

Unit: _____

Name (as it appears on credit card) _____

Current street address _____

City, State, Zip _____

Phone (____) _____ - _____

Credit card type (Visa/ MC/ Discover) _____

Last 4 Digits of Card Number _____ (please call us with the rest of the numbers)

Expiration Date (mm/yy) ____/____

Option 2: Automatic ACH Payment Authorization-----

Unit: _____

Routing/ Transit Number: _____

Checking/Savings Acct Number _____

Type:

- Checking
- Savings

ANY CHANGES MUST BE VERIFIED IN WRITING

I, _____, the undersigned, authorize the facility and management of Storehouse Mini Storage, to automatically charge and process rents and any other charges due (if any) for purchases and/ or services incurred. I also understand that I may terminate this agreement by giving written notice to be removed from the autopay program and receive a confirmation of receipt by the facility. I also understand that additional NSF service charges apply if payment is returned due to a decline or insufficient funds.

Please call us at with your full card/account numbers to enroll in the AutoPay Program and return this form to our office.

Signature _____ Date _____

For office Use

Date Received by office: Setup on Auto-pay: