



SECURITY PUBLIC STORAGE

ACH AUTHORIZATION FORM

Security Public Storage Manager is authorized to directly bill my bank account for all charges due monthly on Unit # _____ on each month automatically on the (_____) day of the month. (If left blank will default to standard rent due date)

The authorization for **Monthly Payment** will remain in effect until cancellation notice is given to Security Public Storage, in writing by me.

Security Public Storage Manager will notify me of declined sale and another method of payment will be made. If you need to cancel a payment you must do so prior to 24 hours before the rent is due to be charged.

Bank Routing # _____

Bank Account# _____

Customer Signature-----Date-----

SPS Management----- Date-----

(Attached Voiced Copy of Check Sample from account to be debited below)

Justin Sample 5678
22 Sample Avenue.
Sampleville, WA 98104

012345678901234567890123

0123456789012345678

Your 9-digit bank ABA routing number Your bank account number Check Number May appear before or after check number