



AUTOMATIC PAYMENT AUTHORIZATION

Security Public Storage (henceforth known as the Company) offers an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your Visa/MasterCard Debit account or your credit card account.

NAME - AS IT APPEARS ON CARD	OTHER NAME(S) ON YOUR ACCOUNT OR CREDIT CARD

CURRENT STREET ADDRESS	CITY	STATE	ZIP

HOME PHONE NUMBER	UNIT NUMBER(S) TO BE PAID AUTOMATICALLY

BILLING OPTIONS (SELECT ONE)	
<input type="checkbox"/> CHARGE MY CREDIT CARD AUTOMATICALLY	<input type="checkbox"/> CHARGE WHEN I CALL-IN ONLY, NOT AUTOMATICALLY

REQUIRED CREDIT CARD INFORMATION			
CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER: _____			
CARD NUMBER	EXPIRATION DATE		
CREDIT CARD BILLING ADDRESS (WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENTS) - IF DIFFERENT FROM ABOVE			
STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP

I, _____ the undersigned, authorize the management of Security Public Storage to charge my credit card specified above for charges incurred on the unit numbers listed above on the _____ day of each month. I also understand that the amount of the payments may vary each month.

I also understand that I may terminate this agreement by giving notice to the Company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the Company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account in the Auto Pay Program selected by me.

TENANT SIGNATURE

DATE