



## Credit Card Authorization of Payment

Name \_\_\_\_\_ Unit # \_\_\_\_\_

VISA \_\_\_ M/C \_\_\_ ACCOUNT NUMBER \_\_\_\_\_ Expiration \_\_\_/\_\_\_

\_\_\_\_\_ I authorize Security Public Storage to **automatically** charge my credit card on the  
\_\_\_\_\_ day of each month for the rent balance in full.

\_\_\_\_\_ I request Security Public Storage to charge my credit card listed above by phone authorization.  
**(No auto pay).**

**I understand that I authorize Security Public Storage to apply said charge towards the payment of my monthly rent for the above storage unit, said charge authorization to be in the amount equal to my monthly rent in effect at the time and any late charges that may have accrued.**

**I understand that this authorization shall remain in effect until cancellation is given in writing to Security Public Storage or approval is declined by the bankcard system, at which time SPS will notify me of the declined transaction by phone or mail, and I will remit payment by another method. Any declined or expired credit card payment is subject to the standard delinquency procedure if alternative payment method is not made within the allotted grace period.**

**It is my responsibility to notify Security Public Storage of any changes due to a lost or stolen card, changes in any and all information relating to the card on file.**

Write name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_