



## PAYMENT AUTHORIZATION

Security Public Storage (henceforth referred to as SPS) offers multiple payment options. Your monthly rental payment can be made using your credit or debit card, or by withdrawal from your checking or savings account. Any of these payment methods can be established on a per-transaction (on demand) basis, or as an automatic payment on a specified day each month.

NAME (AS IT APPEARS ON YOUR CARD OR ACCOUNT)		OTHER NAMES ON YOUR CARD OR ACCOUNT	
CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	PRIMARY PHONE NUMBER	UNIT NUMBER(S)	

### BILLING OPTIONS (FILL OUT ONE)

#### CREDIT / DEBIT CARD:

A COPY OF THE CREDIT/DEBIT CARD MUST BE ATTACHED OR RETURNED TO INITIATE THIS OPTION.

TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX <input type="radio"/> DISCOVER	EXP DATE (MM/YY)
CARD NUMBER	CVV

CREDIT CARD BILLING ADDRESS - IF DIFFERENT FROM ABOVE (WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENTS)

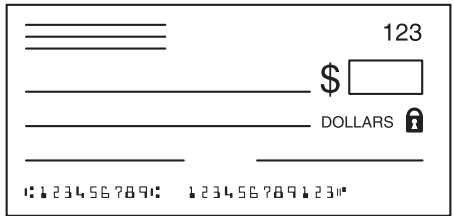
STREET ADDRESS OR P.O. BOX		
CITY	STATE	ZIP CODE

#### CHECKING / SAVINGS ACCOUNT:

A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED OR RETURNED TO INITIATE THIS OPTION.

CHECKING/SAVINGS ACCOUNT NUMBER
ROUTING NUMBER (9 DIGITS)

<input type="radio"/> BUSINESS CHECKING	
<input type="radio"/> CONSUMER CHECKING	
<input type="radio"/> CONSUMER SAVING	

ROUTING NUMBER      ACCOUNT NUMBER

I, \_\_\_\_\_ the undersigned, hereby authorize SPS to debit the account indicated above (select one):

☐ **AUTOMATICALLY** on the \_\_\_\_\_ day of each month.

☐ **ON DEMAND.**

I understand that: the current balance due for the unit number(s) designated above may include rent, fees and other applicable charges; I may terminate this agreement in writing at any time; said termination may take up to one full day from time of receipt; a service charge of \$50.00 will apply if payment is returned due to insufficient funds or charge back.

SIGNATURE

DATE