



3869 Kennedy Road
Richland, WA 99352
PH: (509) 628-9955
FX: (509) 628-2865

Day of Payment: _____

Tenant Unit #: _____

AUTHORIZATION FOR RECURRING PAYMENT (CREDIT CARD)

In consideration of the goods, products and/or services provided to me by The Stor-House Self Storage, I hereby authorize The Stor-House Self Storage to initiate a debit entry to my credit card account indicated below, and to debit the same to such account on the same day of the month for the amount listed below.

Name (AS IT APPEARS ON CARD): _____

Credit Card Number: _____

Credit Card Type: MasterCard, Visa, American Express, Discover Exp Date: _____ / _____

CCV Security Number: _____

Credit Card Billing Address: _____

Address

City/State Zip

Amount: \$ _____ Effective Date: ____/____/____ (mm/dd/yyyy)

Day of Month for Recurring Charges: _____

This authorization is to remain in full force and effect for this transaction only, or until such time that my indebtedness to Stor-House Self Storage is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date.

I may only revoke this authorization by contacting The Stor-House Self Storage directly at the address and phone number listed above and submitting a signed NOTICE TO VACATE and terminating my lease contract.

Name: _____ Date: _____
(Please Print)

Signature: _____