

**AUTHORIZATION FOR AUTOMATIC CREDIT/DEBIT CARD CHARGES OR
AUTOMATED CLEARING HOUSE (ACH)**

TO TAKE ADVANTAGE OF THE CONVENIENCE OF AUTOMATED MONTHLY PAYMENTS, PLEASE
COMPLETE THE FOLLOWING INFORMATION AND SIGN AS INDICATED.

This authorization form is for the following unit(s): _____

I authorize **Sunbelt Self Storage XV, Ltd.** (facility name) to automatically debit a recurring charge/transaction for the monthly rent for the unit(s) shown above from my credit or debit card or bank account as detailed below for the duration of the Rental Agreement. As of this date, the total amount to be charged monthly is \$_____. I understand that I will be notified in writing, as set forth in the Rental Agreement, if the rental amount due for my unit(s) changes, and that the amount debited monthly will reflect the effective rate. This authorization will remain in effect until terminated in writing and shall also serve to authorize any non-recurring charges due under the Rental Agreement including NSF fees, late fees, and all other charges contemplated by the Rental Agreement.

We reserve the right, with advance written notification, to terminate your participation in this payment option. If an automatic debit is refused for any reason, including over-credit-limit charges, closed or unauthorized account, insufficient funds, or incorrect expiration dates, we may not be able to process payment. If payment is unable to be processed in a timely manner, late charges and other applicable charges as set forth in the Rental Agreement may be charged and alternate payment method may be required.

Tenant's signature _____
Date

Printed name

Credit or Debit Card: MasterCard VISA American Express Discover

Name as it appears on the card	Billing address for card	City	ST	Billing ZIP
Card number	Expiration (MM/YY)	CVV2		

Automated Clearing House (ACH)/Bank Draft

Financial institution name	Branch/address
Name(s) on account	
Bank routing number	Checking/savings account number

Please include a voided check with this form.

CANCELLATION BY TENANT. You have the right to cancel auto payments and may do so by filling out the below information and returning it to us. It is your responsibility to ensure that we receive notice of your cancellation. It may take more than one billing cycle for the cancellation to become effective.

Effective _____ (date), please cancel my automatic credit card or ACH debit for rent. I understand that I am still obligated to pay any outstanding amounts due, and am subject to the terms set forth in the Rental Agreement for default if payment is not made.

Tenant's signature _____
Date