# AUTOMATIC CREDIT CARD DEBITING AUTHORIZATION FORM

To take advantage of the convenience of payment by credit card, please complete the following information and sign at the bottom and mail or fax back to us:

**EAGLE SELF STORAGE**
**2427 W. ADAMS AVE.**
**TEMPLE, TX 76504**
**(254) 774-8778  FAX (254) 791-1588**

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

I authorize **EAGLE SELF STORAGE** to automatically debit the monthly rent for the unit(s) shown above from my credit card as shown below. 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 Self-Service Storage Rental Agreement, of any changes to rental amount(s) due for my unit(s), and that the amount debited monthly from my account will reflect this change.

This authorization will remain in effect until we receive written notification of its termination. 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 account, unauthorized account, or incorrect expiration dates, we will not be able to process payment. In this event, late charges as set forth in the Self-Service Storage Rental Agreement will be charged.

I agree that it is my obligation to notify EAGLE SELF STORAGE in writing of any changes of billing address, phone number associated with this credit card, and any changes of credit card number and/or expiration date. I may cancel this agreement by giving written notice no later than ten (10) days prior to the cancellation date.

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Credit Card Type: ( ) Mastercard ( ) VISA American Express ( )

_____
Name exactly as it appears on the credit card

_____
Billing address for card

_____ _____ _____
City State Billing ZIP Code

_____ _____
Credit Card Number Expiration Date

_____
V-Code – 3 or 4 digit number
on back of credit card (or on
front of AMEX card)

_____ _____
Tenant's Signature Date

_____
Printed Name