



AUTOMATIC PAYMENT (ACH) AUTHORIZATION

RECURRING CHARGE – You authorize STORAGE PRO, INC. to make regularly scheduled charges to your credit card or bank account listed below. You will be charged the amount indicated each month. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from STORAGE PRO, INC. at least ten (10) days prior to the payment being collected.

I, _____, authorize STORAGE PRO, INC. to charge my credit card or bank account for \$ _____ (plus a 3% charge if a credit card), beginning on _____ (date) for monthly rent pursuant to my rental agreement dated _____ (date). This amount may be modified by STORAGE PRO, INC. if the rental amount is modified pursuant to the terms of the rental agreement.

ADDITIONAL CHARGES – You authorize STORAGE PRO, INC. to make charges to your credit card or bank account for the charges and fees below, from your rental agreement when and if they come due. You agree that no prior notification will be provided unless the amounts change, in which case you will receive notice from STORAGE PRO, INC. at least ten (10) days prior to the payment being collected.

Charges and Fees:

New Account Administration Fee:	\$10.00	(Non-Refundable)
Gate Card Fee:	\$25.00	Carlton only (Refundable)
Key Replacement Fee:	\$20.00/key	(If keys not returned)
Late Charge After 5 th day of each month:	\$15.00	(per month/payment)
Lien Sale Fee:	\$25.00	(After 45 days delinquent)
Auction Fee:	\$50.00	(If delinquent unit is auctioned off)
Dishonored Check Charge:	\$30.00	(per check or electronic ACH)
Lock Drill Fee:	\$25.00	(If keys are lost and lock must be drilled)
After Hours Servicing Fee:	\$50.00	(Service required outside normal hours)
Cleaning/Repair Fee:	\$45/hour	plus costs of transportation and disposal of items and debris (If the Premises is not clean and rentable upon vacating)

I, _____, authorize STORAGE PRO, INC. to charge my credit card or bank account for the charges and fees listed above (plus a 3% charge if a credit card), beginning on _____ (date) pursuant to my rental agreement dated _____ (date). This amount may be modified by STORAGE PRO, INC. if the amounts are modified pursuant to the terms of the rental agreement.

BILLING ADDRESS

Street Address: _____
 City _____ State _____ Zip _____

CREDIT CARD INFORMATION

VISA MASTERCARD AMEX DISCOVER

Cardholder's Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Security Code (CVV): _____

BANK ACCOUNT INFORMATION

Checking Account Savings Account

Name on Account: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

By signing this form, I hereby authorize STORAGE PRO, INC. to debit my account(s) listed herein for the charges indicated above. I understand that this authorization will remain in effect until I cancel in writing. I agree to notify STORAGE PRO, INC. in writing of any changes to my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the payment date falls on a weekend or holiday, I understand that payments will be processed on the next business day. For ACH debits to my checking or savings account, I understand that these are electronic transactions and that funds may be withdrawn from my account as they become due. In the case of an ACH transaction being rejected for insufficient funds (NSF), I understand that STORAGE PRO, INC. may attempt to process the charge again within thirty (30) days, and I agree to a \$30.00 charge for each attempt returned NSF. I certify that I am an authorized user of this credit card or bank account and will not dispute these scheduled transactions so as they are pursuant to the terms of this authorization.

Signature: _____

Date: _____