

**AUTOMATIC CREDIT CARD  
PAYMENT AUTHORIZATION**

**SHIELDS SELF STORAGE**

(540) 942-1001

www.shieldselfstorage.com

**FOR:**

Unit/Space Number: \_\_\_\_\_ Occupant's Name (Print): \_\_\_\_\_

- 1.) Rent Payment of \$ \_\_\_\_\_ will automatically be paid from the account indicated below on the FIRST (1ST) day of the month until OCCUPANT or CARDHOLDER either cancels this automatic credit card payment authorization in writing to OWNER, or until all terms and conditions of the RENTAL AGREEMENT are satisfied and the agreement is terminated by providing OWNER fourteen (14) day advance written notice. The OWNER may terminate the automatic rent payment if the OCCUPANT defaults in any of the conditions and obligations set forth in the rental agreement.
- 2.) The OCCUPANT, or CARDHOLDER must notify the OWNER in writing of any changes in Credit Card status (Example: Credit Card is Stolen, Lost, or Account is Closed) and/or if the supplied contact information has changed.
- 3.) The OCCUPANT who signed the RENTAL AGREEMENT is ultimately responsible for payment of rent to OWNER. If the automatic payment of rent cannot be processed, the OCCUPANT will be considered in default in the payment of monthly rent an access to the stored property may be denied. The OCCUPANT may also be assessed additional service charges without notice.

**CARDHOLDER INFORMATION:** Type of Credit Card (Check One):  VISA  MASTERCARD  DISCOVER  AMEX

Name As It Appears On Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V Code: \_\_\_\_\_

**By signing below, I, hereby authorize SHIELDS SELF STORAGE to charge the credit card account indicated above. I understand both the financial institution and SHIELDS SELF STORAGE reserve the right to terminate this rent payment option and/or participation in this rent payment option. In addition, I understand that I can cancel the automatic payment of rent for the indicated Unit/Space by providing fourteen (14) day advance written notice to the OWNER.**

Cardholder Name (Print): \_\_\_\_\_ Cardholder Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_