

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.

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

I authorize **Superior Storage, LP** _____ (facility name) 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 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.

Credit Card Type:

MasterCard VISA Discover American Express

Name exactly as it appears on the credit card

Billing address for credit card

City

State

Billing ZIP Code

Credit card number

Expiration date (MM/YY)

Tenant's signature

Date

Printed Name