

Red Roof Self Storage
7745 North Virginia Street
Reno, Nevada 89506
775-322-3838
Fax: 775-826-9006

Automatic Credit Card Debiting Authorization Form

This authorization form is for the following unit: _____ (Unit or Space Number) under the name of _____ (Name on Rental Agreement)

As a convenience and in consideration for rented storage space provided by Red Roof Self Storage, the undersigned hereby authorizes Red Roof Self Storage to keep my signature on file and charge my credit card account for monthly rental charges incurred for my unit/space while my Rental Agreement is in effect. I understand that Red Roof Self Storage will charge my account on the 1st of the month and no later than the 5th day of each month.

This authorization will remain in effect until Red Roof Self Storage receives notification of its termination from me in writing. Red Roof Self Storage reserves the right to, upon advance written notification to me, terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds or closed or unauthorized accounts, Red Roof Self Storage will not be able to process payment. I understand that I may be subject to a \$25.00 charge if payment is rejected, reversed, or refused by my financial institution.

My account information is as follows:

Name on Card: _____

Card Number: _____ Expiration Date: _____

Billing Address: _____ City: _____ State: _____

Billing Zip Code: _____

X _____
Cardholder's Signature Date

X _____
Red Roof Self Storage Date