



AutoPay Enrollment Form
(Monthly Recurring Charge Authorization)

Date: ____/____/____

Occupant Name: _____ Space Number(s): _____

Credit/Debit Card Billing Address (must be where card statement is MAILED):

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____

Paper Receipt OR Email Receipt (sent to address on Occupant's account)

Monthly Rent: \$ _____

Starting Month: _____

NOTICE TO OCCUPANT

Occupant hereby authorizes Gateway Storage Center, LLC to charge the card listed below each and every month, on or about the first of the month, for rental payments and other fees and/or services for the amount of monthly rent indicated on the Occupant's current Self Service Storage Rental Agreement.

Occupant agrees that his/her signature on this Authorization constitutes his/her signature on file. This Authorization shall remain in effect until such time that the Occupant notifies Gateway Storage Center in writing at least seven days in advance of the next billing date.

If Gateway Storage Center is unable to process Occupant's monthly payment, Occupant will be responsible for an alternate payment arrangement and any resulting processing or late fees that may incur. Occupant certifies that Occupant is an authorized user of this card and that Occupant will not dispute the scheduled payments with Occupant's credit card company provided the transactions correspond to the terms indicated in this authorization form.

Card Information:

Visa Mastercard Discover

Credit Card Number: _____

Expiration Date: ____/____ 3 Digit Security Code: _____

Occupant Signature: _____