



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: \$ _____ Month AutoPay Begins: _____

NOTICE TO OCCUPANT

Occupant hereby authorizes Gateway Storage Center, LLC ("GSC") 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(s). Occupant understands and agrees that payment will be processed in a "card not present environment." Occupant agrees to update GSC of the following changes to ensure continued service: 1) expired card 2) changes to card number 3) expiration date change 4) security code change 5) billing address change.

Occupant understands and agrees that if a transaction is declined, said failure to pay shall constitute a default under the Rental Agreement and subject Occupant's space or container unit to possible foreclosure and sale. The amount specified above is the current Rental Agreement rate. Should rates increase, GSC is authorized to charge the new rental rate (GSC will issue a rate increase notification by mail a minimum of thirty days in advance of the rate change).

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 GSC is unable to process Occupant's 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 payments made with Occupant's credit card company provided the transactions correspond to the terms indicated in this authorization form.

Authorized Card Information:

Visa Mastercard Discover American Express

Credit Card Number: _____

Expiration Date: ____/____ 3/4 Digit Security Code: _____

Authorized CardHolder Signature: _____