_____
Unit or space no.

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 units(s): _____

I authorize **Cypress Creek Storage, LLC** (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

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