

Middleton Self Storage
6 Lookout Lane, Middleton MA 01949
(978) 777-2954 sales@middletonselfstorage.com

Automatic Payment Authorization Form

Middleton Self Storage, henceforth known as the Company, is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.

After filling out your personal information, please choose one billing option:

- Option 1) Have your payment automatically withdrawn from your bank account
- Option 2) Have your payment automatically charged to your credit card.

Personal Information

Name (as it appears on your account or credit card) _____

Other names on your account or credit card _____

Current street address _____

City, State Zip _____

Mobile phone _____

Unit number(s) to be automatically paid _____

Billing options (select one)

- Charge my bank account (a voided check must be attached to initiate this option)_
- Charge my credit card

Required Information for Option 1: Charge my bank account

A voided check must be attached to initiate this option.

Routing and transit number _____

Checking/Savings account number _____

Routing and account numbers are located on checks as shown below

Name	Check Number
Pay To The Order Of _____ Dollars _____	\$ _____
00000000000000000000 11111111111111111111 222222222222	

00000000000000000000 = routing number

11111111111111111111 = account number

2222222222222222 = check number

Required Information for Option 2: Charge my credit /debit card

Credit card type (like Visa) _____

Card Number _____

Expiration Date (mm/yy) _____

Name on Card _____

Credit Card Billing Address (where you receive your credit card statements)

Street or P.O. Box _____

City, State, Zip Code _____

I, _____, the undersigned, authorize the management of Middleton Self Storage, to charge my checking account or credit card specified above for charges incurred on the unit numbers listed above on the _____ day of each month. I also

understand that the payment amount may vary each month.

I also understand that I may terminate this agreement by giving notice to the Company. I may do this at any time in writing but must allow a reasonable amount of time after receipt for the Company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the AutoPay Program selected by me.

Occupant Signature

Date