

## Credit Card Authorization

*\* Please fill out and return to the office as soon as possible. Thank You.*

Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Amount per Month \$ \_\_\_\_\_ Visa \_\_\_ MasterCard \_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

I authorize Watson Storage Complex, to automatically debit the monthly rent for the unit listed above from my card, detailed above. The monthly rent due for this unit will be charged on their appropriate paid to date or, in the case of an error of some kind, at the manager's discretion. I understand that I will be notified in writing of any changes to rent amounts for my unit, and the amount debited monthly from my account will reflect this change.

This authorization will remain in effect until Watson Storage Complex receives notification of its termination from me in writing. Watson Storage Complex reserves the right to, upon advance written notification to me; terminate my participation in the payment option. If an automatic debit is returned for any reason including insufficient funds, closed accounts or unauthorized accounts, Watson Storage Complex will not be able to process payment.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_