

ALL SAFE mini storage

MONTHLY FORM OF PAYMENT (ADDENDUM TO CONTRACT)

Occupant Name _____

Unit# _____

SELECT MONTHLY PAYMENT OPTION

OPTION #1 PAYMENT METHOD

DEBIT / CREDIT CARDS

By signing below, the cardholder authorizes ALL SAFE mini storage to charge the monthly rent amount and any applicable taxes as per the terms of the rental agreement(s) for all open charges due on rent and other fees, each month for the term of the occupancy or until cardholder cancels this authorization.

AMOUNT AUTHORIZED \$ _____ OF EACH MONTH

CARD TYPE: VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS _____

DEBIT/CREDIT LAST 4 DIGITS ON CARD: _____ EXPIRES: _____ 3-4 Digit # (Back or Front of Card): _____

CARD HOLDERS NAME: _____

CARD HOLDERS ADDRESS: _____

AUTHORIZED SIGNATURE: _____ DATE _____

OPTION #2 PAYMENT METHOD

EMAIL INVOICE

By signing below I authorize ALL SAFE mini storage to email my invoice to the following email address:

OCCUPANT NAME: _____

OCCUPANT EMAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____ DATE _____

OPTION #3 PAYMENT METHOD

MAIL INVOICE

By signing below I authorize ALL SAFE mini storage to mail my monthly invoices to the address located on my contract.

AUTHORIZED SIGNATURE: _____ DATE _____

OPTION #4 PAYMENT METHOD

ELECTRONIC BANK TRANSFER

By signing below I authorize ALL SAFE mini storage to electronically transfer funds from my financial institution. I will complete the additional form that follows this payment option.

AUTHORIZED SIGNATURE: _____ DATE _____

OPTION #5 PAYMENT METHOD

NONE OF THE ABOVE – SELF RESPONSIBLE

AUTHORIZED SIGNATURE: _____ DATE _____