



## Authorization Form for Recurring Payments

You authorize regularly scheduled charges to your credit card. You will be charged on a schedule each billing period, and proof of payment will be mailed to you. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment or payment schedule changes, we will notify you at least 10 days before the payment date. To take advantage of this service, complete this authorization form and return it to us.

I, \_\_\_\_\_ authorize EZ Depot Storage to charge my account in the amount of \$\_\_\_\_\_ for payment of my storage space on a monthly basis beginning on \_\_\_\_\_.

Visa    Mastercard    Amex    Discover

Cardholder Name \_\_\_\_\_

Account# \_\_\_\_\_

Exp. Date & Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

PhoneNumber \_\_\_\_\_

I agree to notify in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that cancellations must be made in writing and I will not dispute merchant recurring billing with my bank or credit card company, so long as the amount corresponds to the terms indicated in this contract.

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

Email Address \_\_\_\_\_ EZ Depot Storage Unit # \_\_\_\_\_