

STORBOX Self Storage & *The Wine Grotto*

2233 E. Foothill Boulevard, Pasadena, CA 91107

Phone: (626) 793-9888 Fax: (626) 793-2238



ELECTRONIC DEBIT (ACH) AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION and
RETURN IT TO OUR OFFICE IN PERSON, BY FAX: (626) 793-2238 OR BY MAIL

Tenant Name on Contract

Units # (if available)

I hereby authorize STORBOX Self Storage to debit my CHECKING ACCOUNT (ACH)

Select frequency of charge:

- One Time for: \$ _____
- Monthly (on or around my monthly billing date)
- Semi-Annual – Wine Storage only (on or around my 6-month billing date)
- Annual – Wine Storage only (on or around my annual billing date)

This charge authorization is to pay/debit an amount equal to the total balance due at the time of the charge, which may include rent, delivery &/or disposal fees and other miscellaneous items.

Billing Name (appearing Checking Account): _____

Company (if applicable): _____

Street: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Information from check:

Financial Institution: _____

Bank Routing # (: 9-digits :) : _____ : Bank Account #: _____

I agree to hold STORBOX Self Storage and its agents harmless from liability as a result of its activities in connection with such transactions. I also understand that should payment authorization be denied, I will be responsible for the late fees as outlined in my lease agreement.

Customer acknowledges that he/she is an authorized signer on behalf of the account shown above and that it shall be liable to Subscriber for the entire amount shown above plus a twenty-five dollar (\$25.00) service charge (or the maximum allowed by state law) in the event an electronic debit is not honored when presented to Customer's financial institution for payment. Customer acknowledges that any debit (either for the principal amount shown above or a service charge in the event of its dishonor) failing to clear may be re-presented electronically or by paper draft at the sole discretion of STORBOX and that no further authorization will be necessary to execute such electronic re-presentation under this Agreement. In the event subsequent attempts to debit this processing fee are additionally dishonored then Customer shall make immediate payment to STORBOX when so requested.

Customer authorizes his/her Financial Institution to debit his/her account and to pay STORBOX by electronic funds transfer the amount due as shown above. Customer acknowledges that this debit will be initiated immediately upon receipt of this authorization (or if on a weekend or bank holiday then upon the following business day). Unless specified otherwise in writing, Customer acknowledges that this debit authorization may only be reversed, denied, or refused upon the mutual written consent of all the parties.

Cardholder Signature - if not tenant

Date

Tenant/ Fiduciary Signature – if cardholder

Date

OFFICE USE ONLY: Verified against contract signature

Added/Updated **ACH:** Yes No N/A

STORBOX Manager or Agent (last name & signature)

Date Received from Tenant