

**Cascade Self Storage - Grants Pass**  
**2450 NW Vine St\* Grants Pass, OR 97526**  
**541-507-1960**

**Automatic Payment Authorization Form**

By signing below, the account holder authorizes, Cascade Self Storage - Grants Pass to charge the monthly rental rate, any recurring fees or services and applicable tax each rental due date according to the terms of the rental agreement for the term of occupancy or until the account holder cancels this authorization in writing. Autopay authorizations must be cancelled prior to the rental due date to avoid an unwanted charge when terminating.

**OCCUPANT INFORMATION**

Occupant Name \_\_\_\_\_ Storage Unit Number \_\_\_\_\_

**Personal Information**

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

Other names on your account or credit card (such as a business name) \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Your credit card will be charged monthly on your rental due date. When terminating; Failure to give the required 10-day notice to terminate will result in your credit card being charged automatically on the rental due date for the full rent due.

**Credit Card Information:**

Credit card type \_\_\_\_\_ (Visa, MasterCard, AMEX or Discover)

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, hereby authorizes the management of Cascade Self Storage - Grants Pass, to charge my credit/debit card specified above for charges incurred on the unit number listed above on the rental due date each month for all charges due. I understand and agree if my card is declined the management will attempt to process the current month rent one (1) time per day until either approved or until the late fee is added. I understand once the late fee is added no more attempts to process my payment will be made and I will owe the late fee in addition to the current month's rent.

I also understand that I may terminate this agreement by giving written notice to Cascade Self Storage - Grants Pass. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for management to act upon my request. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account in the AutoPay Program selected by me. I agree to comply with the storage facility PCI Compliance rules by providing only the last 4 numbers of the credit card on this form. I understand I must call the office to provide them with the full credit card number to complete my enrollment into the Auto Pay Program. I may email or mail this form back to the storage facility office as long as it does not contain my full credit card number.

\_\_\_\_\_  
**Occupant Signature** **Date**

Complete and Sign below if you are not the Occupant of the above unit but authorize your credit/debit card to be used for this autopay.

\_\_\_\_\_  
**Cardholder Name Other than Occupant** (Please Print) **Signature of Cardholder** **Date**

*A new autopay authorization agreement will need to be completed each time any information changes with the billing address or the credit card number information. A separate authorization will need to be completed for each storage unit in the event an Occupant has multiple units. You may also set up your autopay yourself by logging into your secure online account and setting it up yourself. We do not need this form completed if you set the autopay up yourself through your secure online account.*