Cascade Self Storage – Narregan
1011 Narregan Street
Medford, OR 97501
PH: (541) 779-6789
EM: cascadenarregan@hcamgmt.com

ACH DEBIT WITHDRAWAL AUTHORIZATION ADDENDUM

This Addendum to a certain self storage Rental Agreement dated, _____ between ("Owner"), Cascade Self Storage – Narregan ("Facility") and _____ as Occupant is amended for the following purposes:

WHEREAS, Occupant requests to pay its Rent on an automatic basis on the date desired in the Rental Agreement each month;

ACH DEBIT INFORMATION:
Occupant provides Owner the following bank account information for automatic ACH debit withdrawals from an account owned by Occupant or upon which Occupant has authority to authorize charges as described below:

Type of Account: Checking / Savings (Please circle one)
Name on Bank Account: _____
Bank Name: _____
Routing Number: _____
Account Number: _____
Bank Account Billing Address: _____

AUTHORIZATION:
By providing bank account information, Occupant authorizes Owner to automatically debit Rent and other fees from the bank account referenced above on the First Day of each month, or as soon as reasonably practicable thereafter, during the Term of the Rental Agreement. This authorization shall continue and include any increases in Rent and other charges assessed to the Occupant.

In any circumstance, in the event Occupant terminates this authorization or the Rental Agreement while owing any Rent or other charges due to Owner, Owner may debit the bank account listed above for any sum due and owing upon termination, to the extent permitted by law.

It is Occupant's responsibility to notify Owner of any new or updated bank account information changes. Occupant shall be charged late fees and other Default charges if the ACH debit is rejected, returned, or otherwise not approved by Occupant's financial institution.

Occupant understands that this authorization will remain in full force and effect until Owner has received written notification from Occupant of its termination in such time and manner as to afford Owner and Occupant's financial institution a reasonable opportunity to act on it.

To the extent there is a conflict between the terms and conditions of the Self-Service Storage Rental Agreement and this Addendum, to the extent possible, the terms of this Addendum shall control.

"Owner" Cascade Self Storage,
d.b.a. Cascade Self Storage – Narregan

By: _____
Date Signed: _____

"Occupant"
Storage Space #: _____

Signature: _____
Date Signed: _____

Account Holder Signature:
(if different) _____

Office Use:
Identification Required _____ (Employee Initial)
Received Copy of Driver's License or ID