



AUTOMATIC CREDIT CARD DEBITING AUTHORIZATION FORM

To take advantage of the convenience of payment by credit card please complete the following information and sign at the bottom and or fax back to us.

TIMBERWEST STORAGE
623 CROWELL LANE
LYNCHBURG, VA 24502
EMAIL: TIMBERWESTSTORAGE@VERIZON.NET
PHONE: 434-239-0440 FAX 434-239-0443

This authorization for is to include the following units: _____

I authorize TimberWest Storage to automatically debit the monthly rent for the unit(s) listed above from my credit card as shown below. As of this date, the total amount to be charged monthly is \$_____. I understand that I will be notified in writing, as set forth in the Self-Service Storage Rental Agreement, of any changes to rental amount(s) due to my unit(s), and that the amount debited monthly from my account will reflect this change.

This authorization will remain in effect until TimberWest Storage receives written notification of its termination. TimberWest reserves the right, with advance written notification, to terminate your participation in this payment option. If an automatic debit is refused for any reason, including over credit limit charges, closed account, unauthorized account, or incorrect expiration dates, we will not be able to process payment. In this event, late charges a set forth in the Self-Service Storage Rental Agreement will be charged.

I agree that is is my obligation to notify TimberWest Storage in writing of any changes of billing address and phone number associated with this credit card, and any changes of credit card number and/or expiration date. I may cancel this agreement by giving written notice no later than ten (10) days prior to the cancellation date.

Credit Card Type: () Mastercard () Visa () Discover

Name exactly as it appears on the credit card (Please print)

Billing Address for Card City State Zip Code

Credit Card Number Expiration Date V Code (3-4 digit code on back of card)

Tenants Signature Date Print Name