



# Automatic Credit Card Authority

Customer Name:

Unit Number:

Agreement Number:

Rental Due Date:

I authorize All Secure Self Storage   
(Your facility name)

to debit the below Credit Card starting on:   
(date)

then every  month(s) or  week(s)  
(months) (weeks)

the amount of: \$   
(enter amount)

Card Name:	<input type="text"/>	Card Type: Mastercard	<input type="checkbox"/>
		Visa	<input type="checkbox"/>
Card Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Signature:	<input type="text"/>		

Please print and fax to your Centre once all information is completed and the form is signed.