AUTHORIZATION FOR AUTOMATIC CREDIT/DEBIT CARD CHARGES OR AUTOMATED CLEARING HOUSE (ACH)

TO TAKE ADVANTAGE OF THE CONVENIENCE OF AUTOMATED MONTHLY PAYMENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION AND SIGN AS INDICATED.

This authorization form is for the following unit	ts(s):				
I authorize Frontier Self Storage unit(s) shown above from my credit or debit ca monthly is \$	and or bank account as detailed be that I will be notified in writing, as t debited monthly will reflect the	set forth in the effective rate.	his date, the Rental Agr This authori	eement, if the rental amount zation will remain in effect	
We reserve the right, with advance written notifing refused for any reason, including over-credit-lind dates, we may not be able to process payment applicable charges as set forth in the Rental Agree.	mit charges, closed or unauthoriz t. If payment is unable to be pr	ed account, instruction	sufficient fu imely mann	nds, or incorrect expiration er, later charges and other	
Tenant's signature				Date	
Printed name					
Credit or Debit Card Card Type: Mast	erCard UVISA UAme	rican Express	☐ Disco	ver	
Name as it appears on the card	Billing address for card	City	ST	Billing ZIP	
Card number	Expira	ation (MM/YY))	CVV2	
Automated Clearing House (ACH)/Bank Drai	ft				
Financial institution name	Branch/addres	Branch/address			
Name(s) on account					
Bank routing number	Checking/savi	Checking/savings account number			
**Please include a voided check with this form.	**				
CANCELLATION BY TENANT. You have information and returning it to us. It is your more than one billing cycle for the cancellation Effective (date still obligated to pay any outstanding amounts do is not made.	r responsibility to ensure that ven to become effective. e), please cancel my automatic cr	we receive not edit card or AC	ice of your	cancellation. It may take rent. I understand that I am	
Tenant's signature		Date			