



**AUTOMATIC ACH PAYMENTS
AUTHORIZATION AGREEMENT**

Name: _____ Unit #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Printed Name on Bank Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Monthly rental amount and any fees will be charged on the **1st** of each month.

I hereby authorize SAFEGUARD SELF STORAGE to pay all the monthly charges owed on my account at SAFEGUARD SELF STORAGE by debiting my above referenced bank account. I understand that the amount of the monthly charges may vary each month depending on changes to the terms and conditions of my Lease (including rate increases) or fees or charges being applied from third party merchant service providers. Should monthly charges increase, SAFEGUARD SELF STORAGE is authorized to debit my account in the amount of the new monthly rate.

I agree that should SAFEGUARD SELF STORAGE be unable to debit my account for any reason, I will be responsible for an alternate timely payment arrangement and any resulting processing fees. I agree that I will be responsible for any fees, including but not limited to late fees, resulting from any declined transactions. I understand and agree that if the transaction is declined, said failure to pay shall constitute a default under my Rental Agreement and subject the contents of my storage unit to possible foreclosure and sale.

I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority will remain in effect until revoked by me in writing, in such time and in such a manner as to afford company and depository a reasonable opportunity to act on it. This payment option may also be terminated at any time by SAFEGUARD SELF STORAGE upon written notice. I agree to notify SAFEGUARD SELF STORAGE of any change to account number or routing number. I further agree that this agreement shall be

voidable by Safeguard Self Storage should any of my ACH Payments be uncollectable for any reason. In the event I terminate this authorization or the Rental Agreement owing any sum of money due to SAFEGUARD SELF STORAGE, SAFEGUARD SELF STORAGE may debit my account for any sum due and owing upon termination.

I authorize SAFEGUARD SELF STORAGE to debit my account for payment of any costs to repair any damages caused by me or those on the facility property on my behalf (including but not limited to damages to the space and/or the facility).

I fully understand that it is my responsibility to notify SAFEGUARD SELF STORAGE in writing 10 days in advance of my intent to vacate the unit in order to avoid an automatic renewal of the Lease for a new monthly term.

I release SAFEGUARD SELF STORAGE from any claims, demands, losses or expenses (including attorneys' fees) for any damages arising from its use of my account, except for actions taken outside the permitted terms of this Agreement.

I have the full right and authority to execute this Agreement to bind the Tenant, if the Tenant is a business.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant that all information given is true and correct.

(Please submit a Voided Check to verify the information provided above.)

Date: _____

Printed Name of Bank Account Owner: _____

Signature of Bank Account Owner: _____