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AUTOMATIC BILLING AUTHORIZATION
RETURN THIS FORM BY MAIL OR FAX FOR IMMEDIATE ACTIVATION

Date: _____

Name: _____

Address: _____

RE: Space(s) #: _____ Rental Agreement(s) #: _____

I am hereby authorizing AWARD SELF STORAGE to charge my account on the _____ day of each month for the purpose of making payments that come due regarding any and all storage units listed above which are on contract to me, or of which I am responsible for the payments thereof. Said charge authorization is to be in an amount equal to all charges in effect at the time. I understand that it shall remain my obligation to notify AWARD SELF STORAGE in writing ten (10) days in advance of my intent to terminate my occupancy, and to pay any prorated amounts of rent that may become due thereof. In the event a credit card is declined, it will be reattempted daily but late fees may apply. In the event a charge to my bank account is declined, it will not be reattempted and I will be subject to the standard NSF fee charged by AWARD SELF STORAGE in addition to any fees my banking institution may charge me.

Tenant Signature _____

Date _____

Billing options (select one)

- Charge my credit card
Charge my checking account

Required Information for Option 1: Charge My Credit Card

Type of Credit Card (check one): AMERICAN EXPRESS DISCOVER MASTERCARD VISA

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ CVV Code: _____

Billing Address: _____

Required Information for Option 2: Charge My Checking Account

Routing/transit number _____ Account number _____