**AUTHORIZATION FOR AUTOMATIC CREDIT/DEBIT CARD CHARGES**

**WWW.TRADERSVILLAGESTORAGE.COM**

***PLEASE COMPLETE THIS FORM AND RETURN IT VIA ONE OF THE FOLLOWING METHODS:***

* Hand Deliver to our offices at 1005 S. State Highway 37, Quitman
* US Mail: Traders Village Storage, P.O. Box 936, Quitman, Tx 75783
* Fax: (903) 763-2249
* Scan and Email to: TradersVillageStorage@gmail.com

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

This authorization is for the following unit (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Traders Village Storage to automatically debit the monthly rent for the unit(s) shown above from my credit or debit card detailed below. As of September 1, 2015, the total amount to be charged monthly is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that I will be notified in writing, as set forth in the Rental Agreement, if the rental amount due for my unit(s) changes after September 1, 2015, and that the amount debited monthly will reflect the effective rate. **THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I TERMINATE IT IN WRITING.**

I wish my payment date to be on the \_\_\_\_\_\_ 1st \_\_\_\_\_\_\_3rd of the month (choose one).

I acknowledge Traders Village Storage Units reserves the right, with advance written notification, to terminate my participation in this payment option. If an automatic debit is refused for any reason, including over-credit-limit charges, closed or unauthorized account, insufficient funds or incorrect expiration dates, Traders Village Storage Units will not be able to process payment. In this event, late charges and other applicable charges as set forth in the Rental Agreement will be charged.

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Tenant’s Signature Printed Name Date

**Credit or Debit Card Information: \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name as it appears on the card Billing Address for Card City, State, Zip

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Card Number Expiration (MM/YY) 3 Digit CVV # on back

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**CANCELLATION BY TENANT**

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), please cancel my automated debit for rent. I understand that I am still obligated to pay any outstanding amounts due on my account, and I am subject to the terms set forth in the Rental Agreement for default if payment is not made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant’s Signature Date