ADVANCED STORAGE
SELF-STORAGE

Rental Payment Authorization Form

Advanced Storage rental Tenants are required to fill out and sign this authorization form.
The Tenant authorizes Advanced Storage to collect payment from the tenant according to the lease agreement via Credit Card or Automated Clearinghouse (ACH), or electronic check.

Charges will be billed monthly to the Tenant's credit card or bank account. All invoice/sales receipts of charges to the Tenant's credit card or bank account will be emailed on or about the 1st of each month. If the Tenant has any questions regarding charges to its account, the Tenant must notify us immediately.

The Tenant must provide Advanced Storage with accurate and complete billing information below. Any changes to this information must be reported to us within three (10) days of the change. If the financial institution disapproves a charge, we will notify the Tenant via email and/or SMS/Text, and the Tenant must cure the cause of the disapproval. If such disapproval is not remedied within ten (10) days of the date of the notice, we reserves the right to charge a late fee of $5 per day, and the Tenant could face repossession/abandonment of the unit(s).

Advanced Storage is not responsible for any charges or expenses (e.g., for overdrawn accounts, exceeding credit card limits, etc.) resulting from charges billed by Advanced Storage.
This authorization will remain in full force and effect until we have received a written notification form from the Tenant of its termination in sufficient time to allow Advanced Storage to make such changes prior to the next billing date 10 day notice is required. The Tenant authorizes Advanced Storage for payment by ACH debit if a charge is disapproved or otherwise fails to be timely paid.

I _____,

X_____

(Tenant Name) ***(Signature)***

Billing Address: _____

Phone#: _____

Email: _____ ***Date***: _____

Credit Card/Automated Clearinghouse (ACH) debit Authorization:

Name on Card: _____ ***Card Number***:_____

Exp. Date: _____

CVV/Sec Code (3-digit number on back): _____

Bank Name: _____

Account Number: _____

Bank Routing No: _____

------Required a copy of a Voided Check or Deposit Slip and a copy of your Photo ID;

Stop in office to provide or email info@storageaz.com-------