

AUTHORIZATION TO CHARGE

Lease #: 54

Tenant's Unit #:

Tenant's Name: Madison Storage

Tenant's Billing Address:

Tenant's City, State, Zip:

Tenant's Phone Number:

Account# _____ Expiration Date _____

Visa _____ MasterCard _____ American Express _____

I, Madison Storage _____ (print), hereby authorize Madison Self Storage to charge the above _____ referenced account automatically each month on the 1st (First) for rent due on the 1st (First), and to apply said charges towards the payment of my monthly rent for the unit number(s) stated above. Said charge authorization is to be in an amount equal to my monthly rent in effect at the time.

I agree and understand it is my responsibility to notify Madison Self Storage of any account changes including but not limited to changes in: account number, account status, and expiration date changes before the 1st (First) of each month. If I do not and my Credit Card Number is denied/not authorized, then this Authorization To Charge form will be cancelled and I agree to pay Madison Self Storage by check, money order, cash, or another credit card.

I understand and agree that it shall remain my obligation to notify Madison Self Storage in writing five (5) days in advance before the beginning of a new month of my intent to vacate.

Tenant Signature/Print

Madison Employee Signature/Print