

Carolina Self Storage
P: 360.756.1339 F: 360.756.6745
1712 Carolina St. Bellingham WA 98229
carolina@coastmgt.com

Automatic Payment Authorization Form

Personal Information**

Name (as it appears on credit card) _____

Current street address _____

City, State Zip _____, _____, _____

Phone (_____) _____ - _____.

***If different than what is on file for your account, we will automatically update to the address provided on this form.*

Unit number(s) to be automatically paid # _____

Required Information

Credit card type (like Visa) _____

Last 4 Digits of Card Number _____ (please call us with the rest of the numbers)

Expiration Date (mm/yy) ____/____.

ANY CHANGES TO CARD NUMBER MUST BE VERIFIED IN WRITING

I, _____, the undersigned, authorize the facility and management of Carolina Self Storage, to charge my credit card each month for rents and all other charges due for purchases and/ or services incurred.

I also understand that I may terminate this agreement by giving written notice to be removed from the autopay program and receive a confirmation of receipt by the facility. I also understand that additional service charges may apply if payment is returned due to a decline or insufficient funds.

Please call us at with your full card numbers to enroll in the AutoPay Program and return this form to our office.

Signature **Date**

For office Use
Date Received by office:
Setup on Auto-pay: