



Auto Pay Authorization "No Late Fee Guarantee"

HIGH GROUND STORAGE
100 Highway17
Little River, SC 29566
(843) 249-2120
Fax 843-281-8253

This is my authorization for High Ground Storage, Inc. to have my monthly rental for unit (s) _____ charged to the **debit/credit** card account indicated below. It is my understanding that this automatic payment plan will be processed by the 5th business day of each month. Furthermore, I agree to notify High Ground Storage, Inc., in advance, as to when to terminate this agreement. I also understand that you will discontinue sending me monthly billing statements.

TENANT'S NAME _____

NAME AS IT APPEARS ON CARD _____

DEBIT/CREDIT CARD BILLING ADDRESS _____

ZIP CODE

Account Number

Security Code

Expiration Date

VISA _____

MASTERCARD _____

DISCOVER _____

AM EXPRESS _____

*****MAIL OR FAX ONLY*****

Signature

Date