

Automatic Credit Card Payment Authorization Form

Member#: _____ Date: _____

Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

I, the undersigned, hereby authorize **151 Brannan Island Rd, LLC** ("Owner") to initiate debit entries to my credit card as noted. This authorization is to remain in full force and effect until Owner has received written notice from the undersigned of its termination in such time and in such manner as to afford Owner a reasonable opportunity to act on it.

Signature

Signature

Credit Card Information:

Type: (Circle One) Visa / Master Card /American Express

Name as it Appears on Card: _____

Account Number: _____ Exp: _____ CVV: _____

Signature : _____

Payment Amount: *(Indicate date to be taken out and the amount. Unless otherwise noted, funds will be debited on a **monthly** basis.)*

Payment: Contact Storage Dues

Site Rent Electric

Start Date: _____

(MM/DD/YYYY)
(Processed the 10th)

Dues Billing Cycle: Annually/ Quarterly/ Monthly