

**Publix Self Storage
Credit Card Auto Pay Form**

PLEASE COMPLETELY FILL OUT FORM AND RETURN IT OUR OFFICE.

Tenant Name: _____

Storage Unit #(s): _____ Due Date: _____ of each
month

Credit Card Type: (Circle One) Visa MasterCard Discover American
Express

Credit Card Number: _____ Expiration Date _____

Expiration Date: _____

Name as it appears on Card: _____

Credit Card Billing Address _____

City, State _____ Card Holder Zip Code: _____

Check here if you wish for the receipt to be e-mailed. There is no fee for this.

E-mail address _____

Check here if you wish for the receipt to be mailed to the address on file. There is a \$0.50 fee for this service.

Check here if no receipt required for your records.

I authorize Publix Self Storage to charge my credit card account for the monthly rent payment plus any other charges to Unit Number(s) _____. If credit card is declined, any fees accrued will also be charged to my credit card. Tenant must provide notice in writing of any changes to the account, including (but not limited to) updating credit card information, change of address and/or telephone number, and vacating storage unit.

Card Holder Signature: _____ Date _____

Tenant Signature: _____ Date _____

(If Different From Card Holder)

NO REFUND ON PARTIAL MONTH RENT