



FACILITY _____

Cancellation of Automatic Deduction

EFT

Date: _____

I hereby request U-Store Self Storage to cancel my **automatic deduction** which was established to pay the monthly rent on unit # _____ at the rate of \$ _____ per month.

If this notice is completed **after the 25th** of the month, the transaction for the following full month **WILL TAKE PLACE**. No partial month refunds will be made.

Last Name: _____ First Name: _____

Signature: _____

Storage Representative Initials: _____