



FACILITY _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT FOR PRE-ARRANGED CHARGES

NEW START ACCT/NAME CHANGE

I hereby authorize U-Store Self Storage to establish an electronic funds transfer for the purpose of paying my **monthly rent** by making transfers from my bank account.

FINANCIAL INSTITUTION: _____

TRANSIT ROUTING NUMBER (first 9 digits on bottom of check): _____ - _____ - _____

ACCOUNT #: _____

A voided check from the checking account is required to process this form.

I authorize my EFT transaction to be on the: **5th** of each month. If the date falls on a weekend or holiday, then the transaction will be processed on the next business day. The transaction will appear on your bank statements as being processed from **APM-RENT**. *Please be advised that it may take several days for funds to be withdrawn from your account.* Applicable charges may include, but are not limited to, the current monthly rental rate, late fees, locks, lock cuts and any additional fees incurred as a result of the unit not being secure or becoming delinquent.

The authorization will remain in effect until I notify you in writing to end this agreement. Written notification to terminate this agreement **MUST** be received by the 25th of the month prior to avoid further withdrawals from your account. If notification is received after the 25th, the EFT transaction for the month will take place. **No partial month refunds will be made. Account must be current at the time of enrollment.**

By signing below, I acknowledge, agree to and accept the above terms and conditions.

Account Holder Name (print): _____ Unit #(s): _____

Account Holder Signature: _____ Date: _____

OFFICE USE ONLY	
EFT Effective Date:	____ / ____ / ____
Monthly Rent:	\$ _____
Storage Rep Initials:	_____