

Ballard Mini Storage
4714 Ballard Ave. NW
Seattle, WA 98107-4850
(206) 784-3113
ballardministorage@coastmgt.com

Automatic Payment Authorization Form

Personal Information**

Name (as it appears on credit card) _____

Current street address _____

City, State Zip _____, _____, _____

Phone (_____) _____-_____.

***If different than what is on file for your account, we will automatically update to the address provided on this form.*

Unit number(s) to be automatically paid # _____

Required Information

Credit card type (like Visa) _____

Last 4 Digits of Card Number _____ (please call us with the rest of the numbers)

Expiration Date (mm/yy) _____/_____.

ANY CHANGES TO CARD NUMBER MUST BE VERIFIED IN WRITING

I, _____, the undersigned, authorize the facility and management of Ballard Mini Storage, to charge my credit card each month for rents and all other charges due for purchases and/ or services incurred.

I also understand that I may terminate this agreement by giving written notice to be removed from the autopay program and receive a confirmation of receipt by the facility. I also understand that additional service charges may apply if payment is returned due to a decline or insufficient funds.

Please call us at with your full card numbers to enroll in the AutoPay Program and return this form to our office.

Signature

Date

For office Use
Date Received by office:
Setup on Auto-pay: