

West Knox Safe & Sound Storage

1430 Everett Road

Knoxville, TN 37932

Credit Card/ E-Check Auto Pay Authorization Form

Tenant (print name): _____

Unit(s)#: _____

I, _____, authorize **West Knox Safe & Sound Storage** to charge my credit card on a monthly basis to pay for rental charges incurred in relation to my rental of the storage unit(s) above. I understand that these charges will be charged to my card or bank account for:

1. _____ (initial) AUTOPAY on the date rent is due, with the possibility that it may take several days to charge the payment
2. _____ (initial) DECLINE/ AUTHORIZE: I do not want auto pay, but I do authorize MANUAL or OVER THE PHONE payment when I verify my identification and give the account number either over the phone or in person. I also authorize manual payments made by myself when paying online through West Knox Safe & Sound Website.

* I understand and agree that my payment will be processed in a "card not present environment." * I agree to update **West Knox Safe & Sound Storage** of changes in any of the following items in order to continue using this service: 1) expired card; 2) changes to credit card number; 3) change in expiration date; 4) change in card security code; 5) change in billing address. I further understand that if this credit card/ E-check payment is declined for any reason, I am responsible for paying the rental charges on or before the due date. I understand that I will be responsible for any late charges that accrue due to the denial of this credit card/ E-check. I also release **West Knox Safe & Sound Storage** from any liability associated with holding this information on file.

Credit Card Type(mc/visa/disc./amex): _____

Credit Card Number (last 4 digits only): _____

Expiration Date: _____

Account Holders Signature: _____ Date: _____

Manager Signature: _____ Date: _____