AIRPORT SELF STORAGE
3551 West 5th Street - Oxnard, CA 93030
Tel (805) 985-3315 - Fax (805) 815-0465

Payment Authorization Agreement

I (we) hereby authorize AIRPORT SELF STORAGE, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that this authority will remain in force and effect until company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford company a reasonable opportunity to act on it. Upon notice of non sufficient funds from the depository, a $25.00 non sufficient funds fee will be applied to the unit number listed below. At that time, one additional attempt to debit the said account will be made in which the amount debited shall represent the monthly rental plus the non sufficient fee of $25.00. I (we) understand that if funds are not available between the first (1st) and the tenth (10th) of any given month, I (we) will be responsible for late and letter fees according to the terms of the agreement with Airport Self Storage.

All first attempt debits will be initiated between the first (1st) and the third (3rd) of each month and will represent the current account balance, which may or may not represent the monthly rental. If the unit number listed below is subject to a rental increase, a rental increase letter will be mailed by U.S. Certified Mail at least thirty (30) days prior to the date in which the rent shall be increased. Notification shall be deemed complete and adequate on the day in which the Certified Rental Increase Letter is mailed. I (we) understand that Airport Self Storage will send the Certified Rental Increase Letter to the primary address on file. I (we) understand that it is my (our) responsibility to send written notification of any address or phone number change.

RETURN THIS FORM FILLED OUT WITH A VOIDED CHECK

DEPOSITORY/ BANK NAME: _____ BRANCH/ LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO.: _____ ACCOUNT NO.: _____

ACCOUNT TYPE: ☐ ***CHECKING*** ☐ ***SAVINGS***

REQUIRED INFORMATION BELOW:

TENANT NAME: _____ TENANT SIGNATURE: _____ DATE: _____

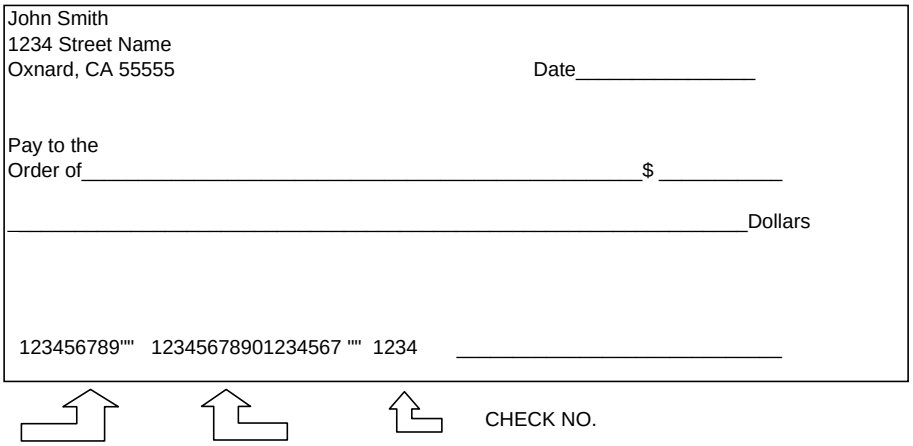
ADDITIONAL AUTHORIZED NAME: _____ ADDITIONAL AUTHORIZED SIGNATURE: _____ DATE: _____

TENANT DRIVER'S LICENSE NO.: _____ STATE: _____

CURRENT ADDRESS: _____
(No P.O Boxes) Street address City Zip

CURRENT PHONE NO.: _____ UNIT NO. _____
(Area code) Telephone

(ATTACH PREPRINTED VOIDED CHECK)



TRANSIT/ABA NO. (9 digits) ACCOUNT NO. (up to 17 digits)

Office Use Only:
Received by : _____ Date : _____
Entered by : _____ Date : _____