



Location: 1715 South 3rd Avenue • Yakima • Washington • 98902
Mailing Address: PO Box 1035 • Selah • Washington • 98942
Customer Care: 509.453.8051

AUTOMATIC PAYMENT AUTHORIZATION FORM

Evergreen Self Storage, LLC henceforth known as the Company, is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.

After filling out your personal information, please choose one billing option:

- Option 1) Have your payment automatically withdrawn from your Bank Account (ACH)
- Option 2) Have your payment automatically charged to your Credit Card (CC)

Personal Information

Name (as it appears on your account or credit card)

Other names on your account or credit card

Current Street Address:

City, State Zip:

Home Phone:

Unit number(s) to be automatically paid:

Billing options (select one)

- Option #1 - Charge my Bank Account (a voided check must be attached to initiate this option)
- Option # 2 - Charge my Credit Card

Option # 1 - Required Information: Charge my bank account

A voided check must be attached to initiate this option.

Routing and Transit number:

Checking/Savings account number:

Routing and account numbers are located on checks as shown below

| | | |
|--|----------------|--------------|
| Name | Check Number | |
| Pay To The Order Of _____ Dollars _____ | \$ _____ | |
| 00000000000000 | 11111111111111 | 2222222222 |
| Routing Number | Account Number | Check number |

Option # 2 - Required Information: Charge my Credit Card

Credit Card type (Visa, MC, AMX, Discover, etc): _____

Card Number : _____

Expiration Date (mm/yy): _____ / _____

Name on Card: _____

Credit Card Billing Address (where you receive your credit card statements)

Street or P.O. Box: _____

City, State, Zip Code: _____

I, _____ the undersigned, I am authorizing the management of Evergreen Self Storage, LLC, to charge my Checking Account or Credit Card specified above for charges incurred on the unit numbers listed above on the 1st day of each month.

I also understand that I may terminate this agreement by giving notice to the Company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the Company to act upon it. We need 14 days to make sure we have the time to process.

I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the AutoPay Program selected by me.

Tenant Signature

Date