

Automatic Draft Authorization Form

Name: _____

Credit Card #: _____

Expiration Date: _____

CV2 number (3-digit number on the back of the card): _____

Billing Address: _____

Email Address: _____

Check Appropriate option:

Automatic withdrawal on the 5th of each month

Permission by phone/email

The undersigned hereby requests and authorizes the sum of _____ dollars to be deducted from my credit/debit card each month for payment on my storage unit(s), #(s) _____.

Signature: _____ Date: _____

Please return completed authorization form to the office of:

SURETY STORAGE

2707 NC Hwy 86 South Hillsborough, NC 27278

919-732-9798 · Fax: 919-644-0259

email: info@suretystoragenc.com