OC EASY STORAGE
14300 Alton Pkwy Lot B
Irvine, CA 92618
866-327-9781

Automatic Payment Authorization Form

OC Easy Storage, 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   With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.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 Option 1)   Have your payment automatically withdrawn from your bank account
> Option 2)   Have your payment automatically charged to your credit card.

Personal Information
Name (as it appears 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)

|__| Charge my bank account   (a voided check must be attached to initiate this option)

|__| Charge my credit card

Required Information for Option 1: 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

00000000000000 = routing number
11111111111111 = account number

22222222222222 = check number

Required Information for Option 2: Charge my credit card

       Credit card type (like Visa)   _____
       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, <Tenant.Name>, the undersigned, authorizie the management of <Site.Name>, to charge my checking account or credit card specified above for charges incurred on the unit numbers listed above on the _____ day of each month.   I also understand that the amount of the payments may vary 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.   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**