## Renner Storage, Inc. 25524 472<sup>nd</sup> Ave Renner, SD 57055

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## **Automatic Payment Authorization Form**

Renner Storage, Inc., is now offering an automatic payment option. With this option, your one-time charge and/or monthly payment will automatically be withdrawn from your checking account or your credit card account.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Option 1) Have your payment automatically withdrawn from your bank account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)
Other names on your account or credit card
Current street address
City, State Zip
Home phone
Email
Unit number(s) to be automatically paid
One-Time Charge or Recurring Charge options (select one or both)
One-Time Charge
Amount to be charged
Date of One-Time Charge or 1st Time Charge
(Applies if 1st charge is different than the recurring charge)
Recurring Charge (every month)
Amount to be charged
Date of Recurring Charge
(Every month up to the 3rd of the month)
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 (Clarify which account)\_\_\_\_\_ Routing and account numbers are located on checks as shown below Check Number Name Pay To The Order Of \_\_\_\_\_ Dollars \_\_\_\_\_ 0000000000000 111111111111 222222222 11111111111111 = account number 222222222222 = check number **Required Information for Option 2: Charge my credit card** There is a 2% processing fee for every charge on the credit card. Name on Card Credit card type (like Visa)\_\_\_\_\_ Card Number Expiration Date (mm/yy) \_\_\_\_\_ Card Identification Number (last 3 digits located on the back of the credit card)\_\_\_\_\_ Credit Card Billing Address (where you receive your credit card statements) Street or P.O. Box

I,	, the undersigned, authorize the management of Renner Storage
Inc. to charge my ch	ecking account or credit card specified above for charges incurred on the unit numbers listed
above on the	day of each month (up to the 3rd). I also understand that the amount of the payments
may vary each mon	th due to sales tax, 2% credit card processing fee, etc.

City, State, Zip Code \_\_\_\_\_

I also understand that I may terminate this agreement by giving notice to Renner Storage, Inc. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for Renner Storage, Inc. 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

Renner Storage, Inc. (south site) 25788 472<sup>nd</sup> Ave. Renner, SD 57055 Renner Storage, Inc. (north site) 25771 472<sup>nd</sup> Ave. Renner, SD 57055