

Start Date: _____

A1 Budget Storage

3036 Q. Street, North Highlands, CA 95660 (916) 334-2973

Recurring Credit/Debit Card Payment Authorization Form

I authorize A1 Budget Storage to make recurring charges to my Credit/Debit Card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until A1 Budget Storage has received written notification from me to cancel it. Notice must be received by A1 Budget Storage at least seven days prior to the recurring charge date in order to cancel the next payment.

Print Name: _____

Phone Number: _____

Email Address: _____

Unit(s) / Space(s) #: _____

Monthly Charge Amount: _____

Day of Month to Charge (1st, or 15th): _____

Type of Card: _____

Cardholder Signature: _____ Date: _____

(Remove and shred below dotted line after subscription is created.)

DO NOT EMAIL CREDIT CARD INFO

FAX (916) 334-0182, or Call Us.

CONFIDENTIAL

Cardholder Name: _____

PLEASE PRINT EXACTLY AS IT APPEARS ON YOUR CARD

Cardholder Billing Address: _____

Card Number: _____

Exp. Date: _____ Security Code: _____