



Monona Self Storage
Best storage value in Monona!

MONONA SELF STORAGE
AutoPay Enrollment Form

Renter's Name: _____ Date: _____ Unit No. _____

Please automatically charge all rent and fees incurred via ACH or credit/debit card charge as soon as the 1st of each month.

Select One:

Credit / Debit Card Charge Option:

Name as it appears on card: _____

Credit Card billing address: _____

Credit Card Type (circle one): MasterCard / Visa / Discover / American Express

Credit Card Number: _____

Expiration Date: _____

V-code (three digit number on back): _____

-or-

ACH / Bank Account Withdrawal Option: **

Name as it appears on account: _____

Bank statement mailing address: _____

Account Type (circle one): Checking / Savings

Routing Number: _____

Account Number: _____

****ATTACH / ENCLOSE A VOIDED CHECK FOR THIS OPTION**

I understand that I may be liable for both rent and late fees if I exceed my credit limit or account balance, if I cancel my credit card or close my bank account without notifying the Manager, if my credit card expires or if I fail to give the required notice of intent to vacate. I agree that if the payment is returned, NSF fees will apply.

I warrant, to the best of my knowledge, all of the information provided in this form is complete and correct.

Signature: _____ Date: _____

Name (printed): _____

Please mail to: Monona Self Storage, 6301 Copps Ave, Monona, WI 53716-3753