

Northern Land Storage
PO BOX 624
Onalaska, WI 54650
608-783-6055

Automatic Payment Authorization Form

Northern Land Storage - Penny, henceforth known as the Company, now offers an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.

Billing options (select one)

- Charge my credit card
 Charge my bank account (a voided check must be attached to initiate this option)

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 _____
Unit number(s) to be automatically paid _____

Required Information for Option 1: Charge my credit card

Credit Card Number: _____ Expiration Date: _____
3 Digit security code _____
Type of Credit Card (check one): AMERICAN EXPRESS DISCOVER MASTERCARD VISA
Cardholder's Name: _____
Billing Postal Code: _____ Billing Street Address Number: _____

Required Information for Option 2: Charge my bank account

A voided check must be attached to initiate this option.

Routing and transit number _____ Checking/Savings account number _____

I, _____, the undersigned, authorize the management of Northern Land Storage - Penny, 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 which I have selected.

Tenant Signature

Date