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Automatic Payment Authorization Form

Seaboard Self 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 With this option, your monthly payment will automatically be withdrawn from your credit card account.

Personal Information

Name (as it appears on your credit card) _____

Other names on your credit card _____

Current street address _____

City, Prov, P/C _____

Home phone _____

Unit number(s) to be automatically paid _____

Required Information for: Charge my credit card

Credit card type (like Visa) _____

Card Number _____

Expiration Date (mm/yy) _____

Name on Card _____

CVD/CVV (3 Digits) _____

Credit Card Billing Address (where you receive your credit card statements)

Street or P.O. Box _____

City, Prov, P/C _____

I, _____, the undersigned, authorize the management of Seaboard Self Storage, to charge my credit card specified above for charges incurred on the unit numbers listed above on the ____ day of 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.

Tenant Signature

Date