

Wheatland Self Storage, a dba of Spica Rising, Inc.
Physical Location: 5 Wheatland Meadows Drive, Three Forks, Montana
Mailing Address: P.O. Box 6111, Bozeman, MT 59771
(406) 600-1848

AUTHORIZATION TO AUTOMATICALLY CHARGE CREDIT OR DEBIT CARD

For Unit/
Space Number _____ Occupant's Name (Print): _____

Mailing Address _____

City _____ State _____ Zip _____

1. Rent Payments will automatically be paid from the account indicated below on the first (1st) of the month.
2. The Occupant or Financially Responsible Party can cancel the automatic payment of monthly rent by providing ten (10) day advance written notice to the Owner.
3. Occupant or Financially Responsible Party must notify the Owner in writing of any changes to Credit or Debit Card status. (Example: Credit or Debit Card is stolen, lost or account is closed.) If Occupant or Financially Responsible Party changes or cancels Credit or Debit Card, Occupant must notify Owner at least ten (10) days in advance of change or cancellation date, and properly fill out a new authorization form.
4. The first monthly automatic rent payment will begin in the month of _____ and the year of _____ and continue until Owner, Occupant or Financially Responsible Party properly terminates the automatic rent payment authorization form or the rental agreement.
5. The Occupant is inevitably the Primary Party Responsible for the payment of rent to the Owner. If the automatic payment of rent cannot be processed for any reason, the Occupant is solely responsible. The Occupant may also be in default in the event that any rental payment and/or service charge is due and unpaid and Owner may terminate the rental agreement and/or begin enforcement of the Owner's Lien.

CARDHOLDER INFORMATION*

Type of Credit or Debit Card Visa Mastercard

Print Name As It
Appears on Card _____

Billing Address _____

City _____ State _____ Zip _____

Card Number _____ Expiration Date _____

CVV (Last three numbers on the back of the card) _____

Cardholder's Signature _____

I, the financially responsible party responsible for the payment of rent on Unit/Space Number _____ hereby authorize Wheatland Self Storage to charge my Credit or Debit Card monthly as indicated above. I understand both the financial institution and Wheatland Self Storage reserve the right to terminate this rent payment option and/or participate in this rent payment option. In addition, I understand that I can cancel the automatic payment of rent for the indicated Unit/Space by providing ten (10) day advance written notice to Owner.

Financially Responsible
Party Name (Print) _____

Financially Responsible
Party Signature _____ Date _____