



CREDIT CARD DEBIT AUTHORIZATION

I, _____, hereby authorize ValGard Self Storage to debit my
 _____ (type of card) in the amount of \$ _____, for changes incurred in

_____/_____
 Account number expiration date

in connection with the storage unit(s) noted below. I understand such debiting for lease payments on the units will normally occur on or about the _____ day of each month for as long as I lease the storage unit(s) or until such time as I deliver written notice of the termination of this authorization of ValGard Self Storage. Other incidental debits will be transacted as they occur. I also agree to hold ValGard Self Storage harmless from liability as a result of its activities in connection with such transactions. I do understand **that I must give 10 days notice prior to moving out, and I must be out of my unit one day prior to the due date, before the office closes.** If I am not, I do understand that I will be charged an entire months rent. If my card expires it is my responsibility to call with a good expiration date. If I change cards, I must come in person, or fax the proper authorization form, and the front and back of the card to ValGard Self Storage.

 Tenant's Signature

 Unit Number(s)

_____/_____/_____
 Date

 Owner/Representative

www.valgardselfstorage.com