

Freeway Storage & U-Haul
1057 Beach Ave
Marysville, WA 98270
Ph. (360) 653-1881 freeway@coastmgt.com

Automatic Payment Authorization Form

Personal Information**

Name (as it appears on credit card) _____

Current street address _____

City, State Zip _____, _____, _____

Phone (_____) _____ - _____.

***If different than what is on file for your account, we will automatically update to the address provided on this form.*

Unit number(s) to be automatically paid # _____

Required Information

Credit card type (like Visa) _____

Last 4 Digits of Card Number _____ (please call us with the rest of the numbers)

Expiration Date (mm/yy) ____/____.

ANY CHANGES TO CARD NUMBER MUST BE VERIFIED IN WRITING

I, _____, the undersigned, authorize the facility and management of Freeway Storage, to charge my credit card each month for rents and all other charges due for purchases and/ or services incurred.

I also understand that I may terminate this agreement by giving written notice to be removed from the autopay program and receive a confirmation of receipt by the facility. I also understand that additional service charges may apply if payment is returned due to a decline or insufficient funds.

Please call us with your full card numbers to enroll in the AutoPay Program at (360)653-1881 or email us at freeway@coastmgt.com

Signature

Date

For office Use
Date Received by office:
Setup on Auto-pay: