CREDIT CARD AUTHORIZATION FORM

ikon
Self Storage

1777 Union Road
West Seneca, NY 14224

Date: _____

Occupant Full Printed Name: _____

By signing below, the cardholder authorizes Ikon Self Storage to charge the monthly occupancy charge amount and any applicable taxes as per the terms of the rental agreement (s) for all open charges due on rent and other fees, each month for the term of the occupancy or until cardholder cancels this authorization.

Type of Credit Card: _____ VISA _____ MASTERCARD _____ Discover _____American Express
(CHECK ONE)

Full Credit Card Number: _____-_____-_____-_____

Expiration Date : _____/_____/_____ (Month/Day/Year)

Cardholder's Name: _____

Credit Card Holder's Address: _____

Credit Card Holder's Postal Code: _____

AUTHORIZED SIGNATURE: _____

*Auto-pay will automatically discontinue charging your card on file when you have completed your vacate process with the office staff at the end of your rental stay.

*Once credit card numbers are entered into our system they will be blocked out, unable to be read with the exception of the last 4 digit on this page.

*You must fill this form out even if the card number is the same yet the expiration date is new. In this case, fill out just the last 4 of credit card number and new expiration date.

DROP THIS FORM OFF TO THE OFFICE TO COMPLETE YOUR AUTO-PAY PROCESS OR UPDATE TO A NEW CARD

Office Use Only
Unit number: _____
Anniversary charge date: _____
Effective date of change made: _____
E. Initials: _____
Client Cancelled Auto-pay date: _____ Note: _____