



**P.O. BOX 1251
MEAD, WA 99021**

**11515 N. MARKET
509-467-MINI (6464)**

Automatic Payment via Credit Card

Re:

Unit: _____

Tenant Name: _____

Tenant Address: _____

Credit Card Type: Visa / MasterCard / Discover
(please circle one)

Last four numbers of credit card: _____

I, _____, do hereby authorize an agent of Mead Mini Storage, LLC located 11515 N. Market Street in Mead, WA 99021 to withdraw the rental rate for my unit # _____ on the first of each month. I understand that it is my responsibility to ensure payment according to my lease agreement and that I am still subject to any applicable fees. For instance, if my rent is not been paid in full, for any reason, I am subject to the fee schedule as outlined in MEAD MINI STORAGE RULES AND REGULATIONS, paragraph two. I understand it is my responsibility to update Mead Mini Storage, in writing, of any changes regarding my contact or credit card information (i.e. credit card expiration dates).

Signature

Date