

**Snohomish Storage on Bickford**  
P (360)563-5353 F (360)568-3433  
2020 Bickford Ave, Snohomish, WA 98290  
snohomish@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 Snohomish 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 at with your full card numbers to enroll in the AutoPay Program and return this form to our office.***

\_\_\_\_\_  
**Signature** **Date**

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