

**CREDIT CARD DEBIT
CANCELLATION FORM**

Today's Date _____

I, _____, wish to cancel my automatic monthly credit card debit
(Name of Cardholder)
for rent on my storage facility.

Customer Unit # _____

Customer/Account Name _____

Name on card _____

Billing Address Information:

Address: _____

State: _____ Zip Code: _____

Type of Card: VISA MASTERCARD

Amount of Debit: _____

Cancellation Effective Date: _____

I am canceling this debit because

I am no longer renting the unit

I choose to make my monthly rent payments by cash, check, or other
credit card

Signature of Renter

Date