

*Wheatland Self Storage, Inc.*  
**Physical Location: 5 Wheatland Meadows Drive, Three Forks, Montana**  
**Mailing Address: P.O. Box 6111, Bozeman, MT 59771**  
**(406) 600-1848**

AUTHORIZATION TO DIRECTLY WITHDRAW FROM CHECKING ACCOUNT

For Unit/  
Space Number \_\_\_\_\_ Occupant's Name (Print): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Rent Payments will automatically be paid from the account indicated below on the first (1<sup>st</sup>) of the month.
2. The Occupant or Financially Responsible Party can cancel the automatic payment of monthly rent by providing ten (10) day advance written notice to the Owner.
3. Occupant or Financially Responsible Party must notify the Owner in writing of any changes to the Checking Account Number. (Example: Account is closed, bank mergers or financial institutions have revised account or routing numbers.) If Occupant or Financially Responsible Party changes banks, Occupant must notify Owner at least ten (10) days in advance of cancellation date, and properly fill out a new authorization form.
4. The first monthly automatic rent payment will begin in the month of \_\_\_\_\_ and the year of \_\_\_\_\_ and continue until Owner, Occupant or Financially Responsible Party properly terminates the automatic rent payment authorization form or the rental agreement.
5. The Occupant is inevitably the Primary Party Responsible for the payment of rent to the Owner. If the automatic payment of rent cannot be processed for any reason, the Occupant is solely responsible. The Occupant may also be in default in the event that any rental payment and/or service charge is due and unpaid and Owner may terminate the rental agreement and/or begin enforcement of the Owner's Lien.

**CHECKING ACCOUNT INFORMATION\***

Bank Name \_\_\_\_\_

Branch (City & State) \_\_\_\_\_

Account Number \_\_\_\_\_

(\*Owner requires a voided check from the above account.)

Financially  
Responsible Party Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

I, the financially responsible party responsible for the payment of rent on Unit/Space Number \_\_\_\_\_ hereby authorize Wheatland Self Storage, Inc. to withdraw from my checking account. I understand both the financial institution and Wheatland Self Storage, Inc. reserve the right to terminate this rent payment option and/or participate in this rent payment option. In addition, I understand that I can cancel the automatic payment of rent for the indicated Unit/Space by providing ten (10) day advance written notice to Owner.

Financially Responsible  
Party Name (Print) \_\_\_\_\_

Financially Responsible  
Party Signature \_\_\_\_\_

Date \_\_\_\_\_