

Ohme Road Storage
501 Ohme Garden Road, Wenatchee WA 98801
Ph. 509.663.8491 Email: ohmeroad@coastmgt.com

Automatic Payment Authorization Form

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 # _____

Required Information

Credit card type (Visa/ MC/ Discover) _____
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 Ohme Road 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: