**Rose Family Farms**

**(Parent Company of )**

**Midland Store-n-Lock / 32 Storage**

PO Box 360

New Vienna, OH 45159

**Reocurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Here’s How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as Rose Family Farms (our parent company). You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Rose Family Farms (parent comapny to MidlandStore-n-Lock/32

Storage) to charge my credit card indicated below for \_\_\_\_\_\_\_ on approximately the 1st of each month for payment of my storage unit fee.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checking/ Savings Account Debit Card Credit Card**

|  |  |  |
| --- | --- | --- |
| ☐ Checking ☐ Savings  Name on Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  check_crop |  | ☐ Visa ☐ MasterCard  ☐ Amex ☐ Discover  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_ |

SIGNATURE DATE

I understand that this authorization will remain in effect until I cancel it in writing, and **I agree to notify MidlandStore-n-Lock/32 Storage in writing of any changes in my account information or termination of this authorization and received at least 15 days prior to the next billing date**.If not the charge will be a valid charge and not refunded. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a Transaction being rejected for Non Sufficient Funds (NSF) I understand that MidlandStore-n-Lock/32 Storage may at its discretion attempt to process the charge again within 30 days, and agree to an additional $25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law.  I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.