



Visit us online at: www.capitalstorageny.com

MAIN OFFICE:

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Tel. 845-374-4444
Fax. 845-374-3724
Toll Free: 888-759-4840

1695 Route 52
Liberty, NY 12754
Tel. 845-292-4400
Fax. 845-292-0044

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Your Name (Please Print): _____

Your Address: _____

Space Number: _____

Bank Name (Please Print): _____

Bank Routing Number (9 digit #): _____
(First set of 9 numbers on bottom of your check)

Account Number: _____
(second set of numbers on bottom of your check)

I authorize Capital Self-Storage to automatically withdraw from my account above my monthly rent (as well as any insurance, and/or charges that are applicable) on the first of every month.

This authorization is to remain in full force and effect until Capital Self Storage has received written notification from me of its termination, I understand that I am required to give a minimum 10 days notice when canceling my ACH payments.

Signature _____ Date _____

You can mail or fax the form to us

