

# OUTDOOR STORAGE EPS AUTHORIZATION

Fax - 303-680-2179

YES!! I want to take advantage of Outdoor Storage's Electronic Payment Service!

I would like my payment to be made on the  
(Select one):  3rd  18th of each month.

Please debit OR charge my  
(Select one):  Checking or Savings Account  Debit or Credit Card

This authorization is to remain in effect until Outdoor Storage has received written notification from me of its termination and their office has had a reasonable opportunity to act on it. I understand that I may stop any scheduled payment by telephone notification to Outdoor Storage three business days or more before the payment is to be made. I further understand that I have up to 60 days from the date of my bank statement to reverse, through my bank, any payment that is found to be incorrect or in question.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For Credit or Debit Cards:  
Please charge my:

(Select one):  Visa  MasterCard.

Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

For Checking or Savings Account:  
Please include a voided check or deposit slip.

**Voided  
Check**