

AUTOMATIC PAYMENT AUTHORISATION FORM

OUT OF SPACE STORAGE LTD

201 Opaheke Road, Papakura
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Out of Space, hence forth known as the Company, offers an automatic payment option. This option, your payment will be automatically withdrawn from your credit/debit card account every 28 days or monthly.

Personal Information

Name: _____

Current Street Address: _____

City: _____

Post Code: _____

Unit number(s) to be automatically paid: _____

Required Information: Charge my credit card

Credit/Debit Card Type (Visa or Mastercard only): _____

Card Number: _____

Expiry Date (mm/yy): _____

Name on Card: _____

Credit/Debit Card Billing Address (where you receive your statements).

Current Street Address: _____

City: _____

Post Code: _____

I, the undersigned, authorize the management of Out of Space to charge my credit/debit card specified above for charges incurred on the rental space listed above on the anniversary of the rental. I also understand that the amount of the payments may vary each month.

I also understand that I may terminate this agreement by giving notice to the Company. I may do this at any time in writing, must allow a reasonable amount of time receipt for the Company to act upon it. I also understand that addition service charges may apply if payment is returned due to insufficient funds.

Tenant Signature

Date