

Please fill out the appropriate section (please choose one option).

Checking account auto pay

If information is same as your check only fill out lines indicated with *

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Cell: _____

*Unit #: _____ Monthly Rate:\$ _____

*Date of withdrawal: _____

Customer Requested Date

*Signature: _____

Please include a voided check.

Mail Completed Form to:

Pawn Shop Self Storage
2191 Hwy. 48 North
Dickson, TN 37055

You may also bring the
completed form to Pawn Shop.

Credit/Debit Card auto pay

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Cell: _____

*Unit #: _____ Monthly Rate:\$ _____

Credit/Debit Card: Visa MC Discover American Express

Card Number: _____

Card Expiration Date: _____

Billing Zip Code: _____

Code (3 digit code on back of card): _____

Date of Withdrawal: _____

Customer Requested Date

*Signature: _____

Date of first automatic withdrawal: _____