



APARTMENTS ♦ MINI STORAGE ♦ COMMERCIAL

85 Birchwood Lane ♦ Crossville, TN 38555 ♦ Phone 931.484.0809 ♦ Fax 931.787.1154

AUTO PAY AUTHORIZATION FORM

By signing this form you give GPM permission to debit your account for the amount indicated on a monthly basis on the date indicated.

LLC: _____ **For Property:** _____ **for Unit:** _____

Resident's Name: _____

Mailing Address: _____

Phone Numbers: _____

Email Address: _____

You WILL NOT receive a receipt from GPM if you do not provide an email address.

CREDIT CARD INFORMATION

Type of Card - Visa / MC or Debit Card: _____

Card #: _____ **Expiration Date:** _____ **CVC Code:** _____

AMOUNT & DATE AUTHORIZED TO CHARGE

Amount to be Charged to Card Monthly? _____

Date to be Charged to Card Monthly? _____

Reason for Monthly Charge? _____

Notes: _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I authorize the above named business to charge the credit card indicated according to the terms outlined herein on a monthly cycle starting on the date indicated and continuing for unlimited cycles. This authorization is to remain in full force and effect until written notification from me/us of its termination is received in such time and in such manner as to afford a reasonable opportunity to act on it.

Card Holder Signature: _____ **Date:** _____