



Automatic Payment Authorization Form

LifeGuard Structures offers an automatic payment option. With this option, your monthly payment will automatically be charged to your credit card account.

Personal Information

Name (as it appears on your account or credit card) _____

Current street address _____

City, State Zip _____

Home phone _____

Rental Agreement(s) to be automatically paid _____

Billing option:

Charge my credit card

Charge my credit card:

Card Number _____

Expiration Date _____

Name on Card _____

Billing Address _____

City, State, Zip Code _____

I, _____, the undersigned, authorize LifeGuard Structures, to charge my credit or debit card specified above for lease agreement charges on a recurring monthly basis.

I also understand that I may terminate this credit card authorization agreement by giving notice to LifeGuard Structures. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for LifeGuard Structures to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the AutoPay Program selected by me from above.

Customer Signature Date