

**MRI Properties LLC - Mercury Storage
Direct Debit or Credit Authorization Agreement**

Directions: Provide the requested information, sign, and date. Staple or copy a voided bank check of checking account, or a deposit slip of savings account to this authorization form. Your bank account or credit card will be charged on the 1st of each month for your monthly rental charge as shown below. Please return to: **MRI Properties LLC, 2420 Cranberry Square, Morgantown WV 26508.**

Name

Address

Telephone

Mercury Storage Unit #

Monthly Rental Charge

Direct Debit

Bank

Bank Address

Checking or Savings ABA / Account Number

Credit/Debit Card

Card Number

Card Holder Name

Exp Date

Security Code

I hereby authorize MRI Properties LLC to initiate debit or credit entries to my
{ } Checking { } Savings Account { } Credit/Debit Card
with _____ Bank for payment of the
abovementioned Monthly Rental Charge.

This authority will remain in force until MRI Properties LLC receives written notification from me at least 20 days prior to the next scheduled automatic debit.

Signature

Date