



Express Pay – ACH Payment Authorization

I, _____, authorize Extra Space Management Inc. to process my invoice payments via ACH Credit. I represent and warrant that the information provided by me to Extra Space on this authorization is accurate.

Vendor Name: _____

Email Address: _____

Contact Name: _____

Bank Name: _____

Bank Account Name: _____
(This must match the business name for valid ACH processing)

Routing Number: _____

Account Number: _____

Signature: _____

Name: _____

Date: _____