



800-255-5888 ext. 375000
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www.publicstorage.com

ADN Payment Enrollment Form

Payment Information To Be Completed By: Account Enrollments Department			
Appt. Name: <u>Cheryl Silva</u>	Appt. No.: <u>754551450</u>		
ADN: <u>P.O. Box 1000000, St. Louis, MO 63166</u>	Appt. Address: <u>Public Storage of America, Inc.</u>		
Appt. Address: <u>1000000, St. Louis, MO 63166</u>	City: <u>St. Louis</u>		
Appt. Description: In signing this form, I authorize you to collect the full amount of my bill for the storage unit and to bill me for the same. I understand that you will bill me for the full amount of my bill for the storage unit and to bill me for the same. I understand that you will bill me for the full amount of my bill for the storage unit and to bill me for the same.			
Appt. Name: <u>Cheryl Silva</u>	Appt. Address: <u>1000000, St. Louis, MO 63166</u>	Appt. No.: <u>754551450</u>	City: <u>St. Louis</u>
Payment Information			
Appt. Address: <u>1000000, St. Louis, MO 63166</u>			
Appt. No.: <u>754551450</u>		City: <u>St. Louis</u>	

Voided Check

VOID



VOID