



**International  
House**

## **I-House North**

### **Storage Fee Acknowledgment Form**

Due to the current health crisis, International House will allow North Building Resident Members to store their personal belongings within their current room until July 1, 2020. After this date, North Building Resident Members will be charged a fee of \$40 per month to continue storage. With the completion of this form, the resident understands that their room will stay as is until July 1, 2020 or they come to collect their belongings, whichever comes first.

The Resident Member understands that if they do not collect their belongings, by the July 1, 2020 deadline, International House will pack and move the Resident Member's belongings from the room to store elsewhere for a fee.

Please note: Items left after the July 1, 2020 deadline will only be released when storage fees have been paid.

#### **Resident Information**

Resident Name: \_\_\_\_\_

Email: \_\_\_\_\_

Room #: \_\_\_\_\_

Cell #: \_\_\_\_\_

#### **Liability**

In consideration of International House's willingness to store the resident member's property for a fee, the resident member agrees that their property will be stored at their own risk, and International House assumes no liability for loss or damage due to theft, vandalism, fire, flood, leak, act of nature, or any loss thereof or damages incurred thereto whatsoever.

**Resident Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I-House Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# International House

## CREDIT CARD AUTHORIZATION

Please provide credit card information as it appears on the credit card.  
The International House Admissions Office and Bursar's Office will be the only ones privy to this information for the purpose of charging for Resident Room Storage.

(Visa or Mastercard ONLY)

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

CREDIT CARD TYPE: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

CARD HOLDER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_