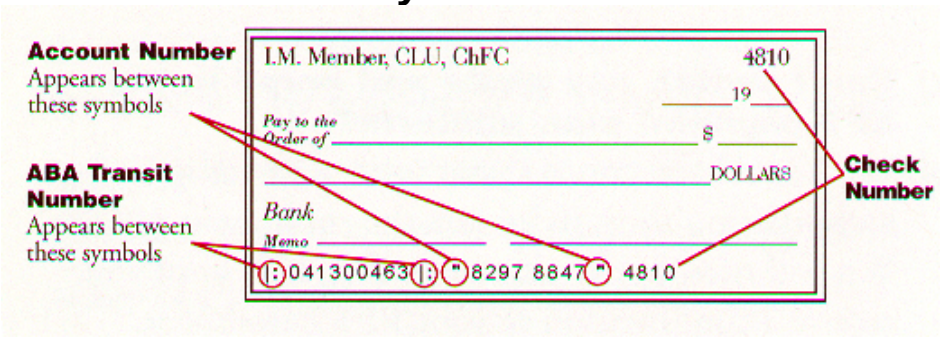
BARGOLD
storage systems
on premises storage lockers
41-41 38th Street, Long Island City, NY 11101
(212) BARGOLD ■ (718) BARGOLD
www.bargoldstorage.com Fax: (718) 247-7007

Authorization for Automatic Payments

- Eliminate all mail
- Eliminate check writing
- Eliminate late fees
  (Provided there are funds in your account on the 1st of the month)



Please complete all requested information and return with your voided, unsigned check or savings deposit slip.

_____ _____@_____
Client Name Client email address

_____
Address

_____
City State Zip

_____
Bargold Storage Systems Account Number

_____
Monthly Payment$

□ Checking □ Savings

_____
ABA Transit Number (see above)

_____
Bank Account Number (see above)

_____
Financial Institution (name of bank)

I authorize Bargold Storage Systems, LLC to initiate debits for monthly fees due against the above referenced account. This authorization is for payments I am obligated to make under my Occupancy Agreement with Bargold Storage Systems, LLC. The withdrawal will be made on the payment due date or the following business day. I may withdraw this authorization by giving written notice to Bargold Storage Systems, LLC or my financial institution in such time and manner as to afford a reasonable time to act upon the request. Similarly, Bargold Storage Systems, LLC may terminate this agreement with me by written notice.

_____
Client Signature Date