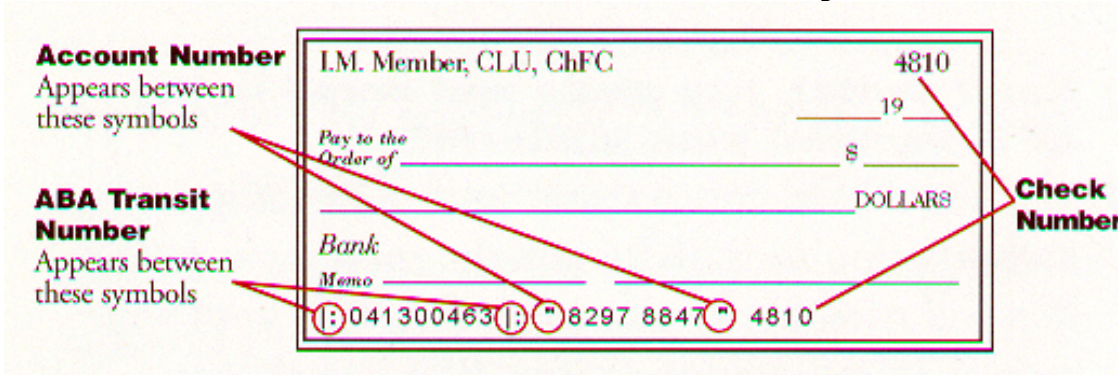




on premises storage lockers
41-41 38th Street, Long Island City, NY 11101
(212) BARGOLD ■ (718) BARGOLD
www.bargoldstorage.com Fax: (718) 247-7007

Authorization for Automatic Payments



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

Selection of Payment Date:

1st of the month

5th of the month

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 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. 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. Debits may be initiated the business day prior to the Payment Date in order to ensure that Payment is received by Bargold Storage Systems, LLC by the Payment Date.

Client Signature Date