



## Authorization for Automatic Payments

**Account Number**  
Appears between these symbols

**ABA Transit Number**  
Appears between these symbols

**Check Number**

LM. Member, CLU, ChFC

4810

19

Pay to the Order of \$

DOLLARS

Bank

Memo

⑆ 041300463 ⑆ 8297 8847 ⑆ 4810

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:

☐ 1<sup>st</sup> of the month

☐ 5<sup>th</sup> 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