

AUTHORIZATION FOR MULTIPLE DIRECT PAYMENTS (ACH DEBITS)

Eagle Self Storage
2427 W Adams Ave
Temple, TX 76504
254-774-8778

RE: ACH Authorization

In consideration of the goods, products and/or services provided to me by MERCHANT, as listed above, I hereby authorize MERCHANT to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the payment amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

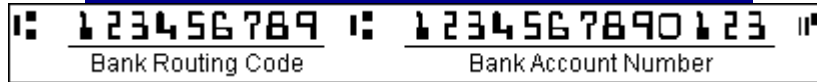
Depository Bank Name:

Branch (City, State, Zip):

Account Number: _____ Routing Number: _____

Checking Savings

How to find your Routing and Account Numbers



⑆ This character appears before and after the 9-digit ABA Routing number in the MICR line.

⑆ This character appears after the checking account number.

The check number appears both in the MICR line and in the upper right-hand portion of your check.

Please use the check number from the next check in your checkbook for your payment, then write "VOID" across this check in your checkbook, and enter this payment into your check register for your records.

Total Amount: \$ _____ Number of Payments: _____ Payment Amount: \$ _____

Effective Date: ____/____/____ (mm/dd/yyyy) Payment Frequency: _____

This authorization is to remain in full force and effect until such time that my indebtedness to MERCHANT for the total amount listed above is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE /PAYMENT FREQUENCY AGREEMENT listed above, and in no event may the debit transaction post to my account prior to said date or the Payment Frequency Agreement as shown above. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above, and only in the case that I return the goods, products and/or services provided to me by MERCHANT pursuant to their particular return policy in effect the date this authorization is granted. I further understand that, if funds are not available in my account on the date of the debit transaction, I will be charged a \$30.00 "Returned Check" fee under applicable state law.

Name: _____ (Please Print)

Date: _____

Signature: _____