A&B Storage

105 N. Fifth Street
Canadian, TX 79014-2217

Ph: 806/323-9106
Fax: 806/323-9110

AUTHORIZATION FOR AUTOMATED CLEARING HOUSE (ACH) PAYMENTS

ONE-TIME CHARGE

This authorization form is for the following unit(s): #_____

I authorize A&B STORAGE to debit the charges for the unit(s) shown above from my bank account, as detailed below. The total amount to be charged is $_____. ***THIS AUTHORIZATION IS FOR A ONE-TIME CHARGE ONLY.***

If an automatic debit is refused for any reason, including over-credit-limit charges, closed or unauthorized account, insufficient funds, or incorrect expiration dates, we will not be able to process payment. In this event, late charges and other applicable charges as set forth in the Rental Agreement will be charged, the transaction will be treated as a returned check for purposes of the Rental Agreement, and you will be required to provide an alternate method of payment.

_____ _____
Tenant's signature Date

Printed name: _____

Automated Clearing House (ACH)/Bank Draft

_____ _____
Financial institution name Branch/address

_____
Name(s) on account

_____ _____
Bank routing number Account number

Type of account **(check one)**: Checking_____ Savings_____

****PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM****