

# Toy Storage Association Inc.

## ONE TIME Annual Assessment Debit Authorization Agreement

### AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

OWNER NAME: \_\_\_\_\_

Amount Authorized to Deduct: \_\_\_\_\_

Date Authorized to Deduct from Bank Account: \_\_\_\_\_

I (We) hereby authorize Toy Storage Association Inc., to initiate **one debit entry** and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ( ☐ ) **Checking account** or ( ☐ ) **Savings account** (select one) indicated below at the bank named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

This authorization is to remain in full force and effect until Toy Storage Association Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Toy Storage Association Inc., and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER NAME(S): \_\_\_\_\_

(Please Print)

Storage Unit Number: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**This is a one time deduction for the amount listed to be deducted on the date specified.  
No further deductions shall occur without further authorization.**

**Return To: Toy Storage Association Inc.**

C/O Amy Telnes Management Services

500 N Lake Havasu Ave. Ste. A104

Lake Havasu City, AZ 86403

Phone: (928) 505-1120

OR EMAIL TO: **amy@atmshoa.com**