

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

2563 N. Kiowa Blvd.

Lake Havasu City, AZ 86403

Phone: (928) 505-1120

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