

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

carlsonstorage.com

912 1st St. N.

Humboldt IA 50548

I (We) hereby authorize COMPANY named above to initiate entries to my (our) Checking Account or Savings Account (please circle one) indicated below and the depository names below, hereinafter called Depository.

DEPOSITORY NAME (Customer's Bank Name) to debit:

Customer's Bank Transit/ABA Routing Number (9 digits) _____

Bank Address : City _____ State _____

Customers Bank Account Number to debit: _____

Description: _____

Customers Name (s) _____
(please print) _____

Customers Signature: _____

Date: _____

Transaction Amount \$ _____ Monthly on: 15th

Please attach unsigned/voided check for Bank and Account Number verification

Complete form and return to Company named above

Additional Information: _____