



on premises storage lockers
41-41 38th Street, Long Island City, NY 11101
(212) BARGOLD ■ (718) BARGOLD
www.bargoldstorage.com Fax: (718) 247-7007

Authorization for Automatic Payments

Account Number
Appears between these symbols

ABA Transit Number
Appears between these symbols

I.M. Member, CLU, ChFC		4810
Pay to the Order of _____		19 _____
		\$ _____
		DOLLARS
Bank _____		
Memo _____		
⑆041300463⑆⑆8297 8847⑆ 4810		

Check Number

Please complete all requested information and return with your voided, unsigned check or savings deposit slip.

Client Name @ Client email address

Address

City State Zip

Bargold Storage Systems Account Number

Monthly Payment\$

 Checking Savings

ABA Transit Number (see above)

Bank Account Number (see above)

Financial Institution (name of bank)

I authorize Bargold Storage Systems, LLC to initiate debits for monthly fees due against the above referenced account. This authorization is for payments I am obligated to make under my Occupancy Agreement with Bargold Storage Systems, LLC. The withdrawal will be made on the last day of the month or on the following business day. I may withdraw this authorization by giving written notice to Bargold Storage Systems, LLC or my financial institution in such time and manner as to afford a reasonable time to act upon the request. Similarly, Bargold Storage Systems, LLC may terminate this agreement with me by written notice.

Client Signature Date