

Bank Transfer Authorization Form

I authorize Walter Hill Storage
Business name to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

One time on
mm/dd/yy for the amount of \$.

Starting on
mm/dd/yy and on the 1st
day of the month of each month through
I move out, or give notice mm/dd/yy
for the amount of \$.

Starting on
mm/dd/yy for the amount of \$ and accordingly thereafter per
the terms in invoice(s) .

Customer bank account information:

Routing number

Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____,
Customer name notify

Walter Hill Storage
Business name of its cancellation by giving written notice in enough time for the

business and receiving financial institution to have a reasonable opportunity to act on it.

Customer signature

Customer printed name

Date