

Consumer Authorization for Direct Payment via ACH

I (we) hereby authorize **LaVelle Storage, LLC ("COMPANY")** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits as follows. I (we) acknowledge that the origination for ACH transactions to my (our) account must comply with all applicable law.

| | | |
|-----------------------|-------------------------|-------------|
| (Account Holder Name) | (Financial Institution) | |
| (Address) | (City) | (State/Zip) |
| (Routing Number) | (Account Number) | |

Type of Account: Checking Savings

Amount: _____

Start Date: _____
(We recommend the 1st of every month)

Frequency: Monthly

Maturity Date: Until Further Notice

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least two weeks prior notice in order to cancel this authorization.

| | | |
|--------------|-------------|--------|
| (Print Name) | (Signature) | (Date) |
|--------------|-------------|--------|

- I understand that this ACH is to provide payment for my monthly rent. **At any given time COMPANY may give a 30 day notice of upcoming rate increases or amendments to my contract, and I (we) will be given the opportunity to terminate my contract.** After the stated date my ACH can and will automatically change to accommodate such amendments. This authorization is to remain in full force and effect until the COMPANY has received written notice termination or cancellation on contract and has had a reasonable opportunity to act on it.