

## AUTHORIZATION FOR AUTOMATIC MONTHLY CHECKING ACCOUNT PAYMENT

onthly Slip Rental Amount \$ Marina Slip/Buoy Number:			
Account #: Name:		· · · · · · · · · · · · · · · · · · ·	
Address:	City:	State:	Zip:
Home Phone:	Business Ph	ione:	
Monthly Debit Date: D	)ebit due on the 5th	Day of Each Mont	h
****	* * * * * * * * * * * * * *	* * * *	
With my signature on this form, I authorize A storage rental fees to my checking account. dishonored, you authorize Aramark - Lake F monthly rental fee which will be processed t notification. You also authorize Aramark to o checking account.	In the unlikely even Powell to apply a \$25 to your account withi collect a \$25.00 Late	t that any pre-author 5.00 Return Item Fee n 7 calendar days of Payment Penalty fr	ized checks are in addition to the return item
Bank Name:			
Account #:			
Routing #:	ttach Voided Check		
Each month, the balance of your storage ac responsible for notifying us immediately if ac service at any time, please do so in writing <b>J</b>	ccount information c	hanges. If you wish t	to terminate this
P. O. B	owell Accounting ( ox 1926, Page, AZ 3 -645-6054 Fax: 928	86040	

Unless you elect otherwise, we no longer mail statements out to customers on who have selected to be on monthly **auto-pay**. This has helped us reduce waste and save energy here at Lake Powell.

Signature:

\_ Date: \_\_\_\_

Send me an Email Summary Statement: