



**Authorization for Automatic Monthly
Checking Account or Credit Card Payment**

Space Number:	Account Number: #	Monthly Payment: \$
Name:		
Address:		
City:	State:	Zip:
Email:		
Home Phone:	Cell Phone:	

Each month, the balance of your storage account will be charged to the below payment method. You are responsible for notifying us immediately if payment information changes. If you wish to terminate this service at any time, please do so in writing **prior to the 1st of the month.** Direct all correspondence to:

Moorage Administrator
 Accountsreceivable-CR@aramark.com
 P.O. Box 1926, Page AZ 86040
 Phone: 928-645-6054 Fax: 928-645-6186

With my signature on this form, I authorize Aramark Sports and Entertainment, LLC to charge my monthly storage rental fees to my credit card or checking account. In the unlikely event that any pre-authorized checks are dishonored, you authorize Aramark to apply a \$25.00 Return Item Fee in addition to the monthly rental fee which will be processed to your account within 7 calendar days of return item notification. You also authorize Aramark to collect a \$25.00 Late Payment Penalty from the same checking account. Electronic statements will be issued for all accounts on autopay; please verify your email above.

Please select your preference below.

- Monthly Space Rent Only** **Services as Requested**

Signature: _____ Date: _____

Received by: _____ Date: _____

Please select your automatic payment method and fill in the appropriate information below.

- Credit Card** **Bank Account**

Card Number: _____

Expiration Date: _____ Security Code: _____

Bank Name: _____

Account # _____ Routing # _____



LAKE POWELL™

RESORTS & MARINAS

PLEASE ATTACH VOIDED CHECK