



LAKE POWELLTM

RESORTS & MARINAS

AUTHORIZATION FOR AUTOMATIC MONTHLY CHECKING ACCOUNT PAYMENT

Monthly Slip Rental Amount \$ _____ Marina Slip/Buoy Number: _____

Account #: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Monthly Debit Date: Debit due on the 5th Day of Each Month

With my signature on this form, I authorize Aramark Sports and Entertainment, LLC to charge my monthly storage rental fees to my checking account. In the unlikely event that any pre-authorized checks are dishonored, you authorize Aramark - Lake Powell 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.

Bank Name: _____

Account #: _____

Routing #: _____

Attach Voided Check

Each month, the balance of your storage account will be charged to the above listed account. You are responsible for notifying us immediately if account 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:

**Lake Powell Accounting Office
P. O. Box 1926, Page, AZ 86040
Phone: 928-645-6054**

Signature: _____ Date: _____

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.

Send me an Email Summary Statement:
