

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I authorize **Storage Plus**, hereinafter referred to as COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my (____) CHECKING or (____) SAVINGS account indicated below and the DEPOSITORY named below hereinafter referred to as DEPOSITORY, to debit and/or credit the same to such account.

CUSTOMER NAME: _____

STORAGE PLUS UNIT #: _____

DEPOSITORY/BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING/ABA NUMBER: _____

ACCOUNT NUMBER: _____

DATE OF BANK DRAFT: 1st of Each Month or Next Business Day

This authorization is to remain in force and effect until COMPANY has received written notification from me of its termination in such time and in such manner to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (PLEASE PRINT): _____

DATE: _____ ID NUMBER (SSN): _____

SIGNATURE: _____

Please attach a voided check below.