

## AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBITS)

ADD1SS, LLC. dba Additional Self Storage  
1310 E. HWY 190 COPPERAS COVE, TX 76522  
PH 254.542.2331 FAX 254.542.2333

**RE: ACH Authorization**

In consideration of the goods, products and/or services provided to me by ADD1SS, LLC., as listed above, I hereby authorize ADD1SS, LLC. to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name:

\_\_\_\_\_

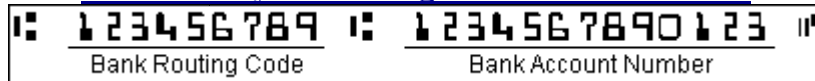
Branch (City, State, Zip):

\_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Checking  Savings

**How to find your Routing and Account Numbers**



⑆ This character appears before and after the 9-digit ABA Routing number in the MICR line.

⑆ This character appears after the checking account number.

The check number appears both in the MICR line and in the upper right-hand portion of your check.

**Please use the check number from the next check in your checkbook for your payment, then write 'VOID' across this check in your checkbook, and enter this payment into your check register for your records.**

Amount: \$ \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

This authorization is to remain in full force and effect for this transaction only, or until such time that my indebtedness to ADD1SS, LLC. for the amount listed above is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. I may only revoke this authorization by contacting ADD1SS, LLC. directly at the address and phone number listed above, and only in the case that I return the goods, products and/or services provided to me by ADD1SS, LLC. pursuant to their particular return policy in effect the date this authorization is granted. I further understand that, if funds are not available in my account on the date of the debit transaction, I will be charged a \$35.00 "Returned Check" fee under applicable state law.

Name: \_\_\_\_\_ (Please Print)

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

Signature: \_\_\_\_\_