

# Authorization Agreement for Automatic Deposit (ACH Credits)



I/We hereby authorize Central IL Storage (hereinafter referred to as "Company") to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries made in error to my/our account indicated below. I/We also authorize the depository named below (hereinafter referred to as "Depository") to credit and/or debit the same account.

## ACCOUNT TYPE

Checking     Savings

## Depository Information

NAME

BRANCH

CITY

STATE

ZIP CODE

TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination, allowing sufficient time for the Company and Depository to act on it.

NAME

ID NUMBER

DATE

SIGNATURE

SIGNATURE

*If this is a joint account, both parties must sign*