Liberty Classical Properties LLC
5175 County Road 335 #407
New Castle, CO 81647 : 970-984-2976
Email: appleboxstorage@lca-co.com

Start Date:

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (DEBITS)

COMPANY
NAME **Liberty Classical Properties LLC, dba Apple Box Storage**

I (we) hereby authorize **Liberty Classical Properties,** hereinafter called **Company**, to initiate debit entries to my (our) **____ Checking** or _____**Savings (**select one)
Email address _____

indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same account . Your account will be debited on the fifth (5th)of each month.

BANK
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effective until **COMPANY** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME(S) _____

DATE: _____ SIGNED _____

ACH $ _**Current Rate**_____ Unit #_____

_____

PLACE A

VOIDED CHECK

HERE