

Dino's Storage



ACH - PAYMENT AUTHORIZATION

Name on Storage Account: _____ Unit #(s): _____

Phone: _____ Email: _____

Facility Location: _____

One-Time Payment:

Amount: \$ _____

Date to process: _____

Recurring Payment:

(pulls on 3rd or 4th)

Recurring Amount: \$ _____

New Account Update/Change

Start Date: _____

ACH

Checking Savings

Name on Account: _____

Bank Name: _____

Routing #: _____ Account #: _____

By signing this agreement you are authorizing **Landmark Management Group** and/or **Dino's Storage** to charge the above account information for this transaction.

You also acknowledge this rate may vary, dependent on the balance owed.

Please Note: If for any reason your bank does not honor your payment, a \$30.00 service fee will be charged to your account.

Signature: _____ Date: _____

Dino's Storage Mission:

"Engage with the life events of the customer while providing a physical presence that speaks to the needs of the consumer"