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# AutoPay Authorization Form

## from checking/savings account

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### *CREDIT/DEBIT AUTHORIZATION FORM*

I (we) hereby authorize BROADMOOR STORAGE SOLUTIONS to initiate entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until BROADMOOR STORAGE SOLUTIONS is notified by me (us) in writing to cancel it in such time as to afford BROADMOOR STORAGE SOLUTIONS and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

\_\_\_\_\_  
(Phone Number - PLEASE PRINT)

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings (circle account type) Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

⑆ 1 2 3 4 5 6 7 8 9    ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3    ⑈  
Routing Number                      Account Number

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**Please return to:**

BROADMOOR STORAGE SOLUTIONS  
PO Box 4770, Pasco, WA 99302

509-547-3777  
lora@broadmoorstorage.com

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP!