

## Debit Authorization

I (we) hereby authorize LAKELAND STORAGE hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and Community State Bank, the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to Debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)	(Branch)	
(Address)	(City/State)	(Zip)
(Routing #)	(Account #)	Type of Acct. ___ Checking ___ Savings

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

(Print Name)	(Signature of Authorized Individual)
(Soc. Sec # Or EIN)	(Date)