Debit Authorization

I (we) hereby authorize LAKELAND STORAGE, LLC hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and First Bank of Berne, 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)

_____ _____ Type of Acct. ___Checking ___Savings
(Routing #) (Account #)

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)

_____
(Date)

4/1/2022