

Complete and fax back, no cover letter required

Attn: Custom Alarm

Fax: (507)287.0757

### DIRECT DEBIT AUTHORIZATION (Autopay)

I authorize Custom Alarm to initiate entries to debit my account for the following:

recurring invoices only

recurring invoices AND all other invoices

This authority is to remain in full force and effect until Custom Alarm has received notification from me of its termination in such time and manner as to afford Custom Alarm a reasonable opportunity to act on it. If recurring payment amount changes, Custom Alarm will notify me prior to payment and date. Recurring charges are taken on or around the 20th of the month in which they are billed. Your bank or credit card statement will serve as a receipt unless we are provided with a valid email address.

Name: \_\_\_\_\_

Company Name: (if applicable) \_\_\_\_\_

CCi Customer Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please attached a voided check or complete the following fields

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

If you prefer to pay via credit card (VISA or Master Card)

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

The diagram shows a check with the following fields and callouts:

- YOUR NAME
- STREET ADDRESS
- TOWN, ZIP CODE
- 00003
- PAY TO THE ORDER OF \_\_\_\_\_
- \$ \_\_\_\_\_
- DOLLARS
- MEMO
- Bank Routing Number (circled)
- Account Number (circled)
- \* 00 ? 3 0000 ? 3 1 30 0000 3 \*
- 0000 3