



S&S Security Alarms, Inc.

1408 W. Pleasure Ave.
Searcy, AR 72143

Authorization for Ach

Name _____

Central Station Account Number _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Mobile Phone (____) _____

I hereby authorize S&S Security Alarms, Inc. or its agents, hereinafter called "Company", to initiate credit and/or debit entries to my Checking and/or Savings account indicated below for my alarm monitoring payment and the depository named below, hereinafter called "Depository", to credit and/or debit the same to such account. I understand that I may discontinue this draft at any time given written notice to Company at least 30 days in advance. This will not discontinue your monitoring contract. I realize that this information will be used solely for the purpose of direct debit. Drafts are made on the first working day of each month. There will be a charge for nonsufficient drafts. All ACH transactions originated will comply with the laws of the United States.

Bank Account Information

Name _____

Branch _____

City _____ State _____ Zip _____

Routing and Transit/ABA # _____

Account # _____

Account Type: Checking _____ and/or Savings _____

First Draft Amount \$ _____ Monthly Amount _____

Month to Start Billing _____

This authority is to remain in full force and effect until the Company has received written notification from me of its termination 30 days in advance of the cancellation date. I understand that cancelling this draft will not discontinue my monitoring contract and agree to fulfill payment of the remaining portion of my monitoring contract at the designated intervals in a prompt and timely manner.

Name _____

(PLEASE PRINT)

Date _____

Signature _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM