



Alarm Alert Center, Inc.

7876 Stage Hills Blvd. Suite 102, Bartlett, TN 38133-4031

901-372-6610 (office) 901-372-8693 (fax)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS TO ALARM ALERT CENTER, INC. (AUTOMATIC WITHDRAWS)

Customer Name(s) _____ Alarm Alert Account # _____

Date _____ Customer Signature _____

FILL OUT BELOW FOR AUTOMATIC CHECKING/SAVINGS ACCOUNT PAYMENTS:

I (we) hereby authorize ALARM ALERT CENTER, INC. to automatically debit entries to my (our)

Checking Account **Savings Account** (select one) at the depository financial institution named below, for our

alarm monitoring fees. This automatic withdraw will happen monthly on the 25th, or on the following business day if the 25th falls on a holiday. I (we) and Alarm Alert Center, Inc., acknowledges that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____

Routing Number _____ **Account Number** _____

(Routing number is the 9-digit number found on bottom left of your check.)

This authorization is to remain in full force and effect until ALARM ALERT CENTER, INC. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AAC, INC. and YOUR BANK a reasonable opportunity to act on it.

- OR -

FILL OUT BELOW FOR AUTOMATIC CREDIT CARD PAYMENTS:

I (we) hereby authorize ALARM ALERT CENTER, INC. to automatically charge my monthly alarm monitoring fees to the credit card listed below on the 25th of each month.

Credit Card number: _____

VISA MASTERCARD

Expiration Date: _____

AMERICAN EXPRESS

3-Digit Security Code (on back of card): _____

DISCOVER

Name as it appears on the card: _____

Billing Address for card: _____