

I AUTHORIZE S&S SECURITY ALARMS, INC. / SECURITY CENTRAL MONITORING SERVICE, TO INSTRUCT MY BANK TO MAKE MY ALARM MONITORING PAYMENTS. I UNDERSTAND THAT I MAY DISCONTINUE THIS DRAFT AT ANY TIME GIVEN WRITTEN NOTICE TO S&S SECURITY ALARMS, INC. 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.

CENTRAL STATION ACCOUNT # \_\_\_\_\_

BANK NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FIRST DRAFT FOR THE AMOUNT OF \$ \_\_\_\_\_

MONTHLY AMOUNT \$ \_\_\_\_\_

MONTH TO START BILLING \_\_\_\_\_

ATTACH VOIDED CHECK