



DIRECT PAYMENT AUTHORIZATION FORM: FIXED PAYMENTS

ACE Security Systems Phone: 330-666-6007
3643 Copley Rd Fax: 330-666-3007
Akron, Ohio 44223 WWW.ACESECURITYAKRON.NET

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At ACE Security Systems we are going forward with the ACH plan that most people already use in their lives. This is a more dependable and convenient way to take charge of your monitoring bill you have with us.

All you need to do is fill out the information below, sign and date the form and send back to us and we will start your automatic withdrawal on your next scheduled month.

Please include a copy of a voided check or deposit slip.

I _____
Print Name

authorize **Ace Security Systems, Inc.** to initiate electronic debit entries to my:

- | | | |
|---|---------|---|
| <input type="checkbox"/> Checking Account | on the: | <input type="checkbox"/> 15 th of each Month |
| <input type="checkbox"/> Savings Account | | <input type="checkbox"/> 30 th of each Month |

for payment of my **MONTHLY MONITORING & ANY SERVICES TO BE PAID TO ACE SECURITY SYSTEMS, INC**

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled in writing.

FINANCIAL INSTITUTIONS NAME:	FINANCIAL INSTITUTIONS CITY AND STATE:

ACCOUNT NUMBER:	ROUTING NUMBER:

NAME OF YOUR COMPANY:

EMAIL:

ACE will not share your email address, this is only for our use to send out notifications of direct debits.

SIGNATURE: _____ DATE ____/____/____