

# Alarm Monitoring AutoPay



Please complete the following form if you would like your monitoring payment to be automatically debited from your checking account. **Also attach a voided personal check from the account which you want your payment withdrawn.** If this is a business account to withdraw from we will need a Tax ID# for the business account.

I authorize **Thumb Alarm Systems, Inc./ Shoreline Investment** and my financial institution to automatically withdraw funds from my checking account for monitoring fees. I also authorize Thumb Alarm Systems, Inc. and my financial institution the right to make adjustment entries to correct errors. **This authorization will remain in effect until I have cancelled it in writing at least 60 days prior to the withdrawal date.**

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Driver's License Number / or Tax ID#

\_\_\_\_\_  
State

(     )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
TAS Account Number

\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
<b>Amount Withdrawn</b>						
<input type="checkbox"/>	Monthly					
<input type="checkbox"/>	Quarterly					
<input type="checkbox"/>	Yearly					

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Account Number (Checking Account Only)

\_\_\_\_\_  
Routing/ABA Number

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

*There will be a service fee of \$ 30.00 on all insufficient funds, each time it occurs.*  
**A voided personal check must be attached in order to process Alarm Monitoring AutoPay.**