

1743 First Avenue South
Seattle, WA 98134

Tel: 206.622.6545

Fax: 206.341.9928

Customer Account # _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Guardian Security Systems, Inc and any financial institution named below to initiate entries to my checking, Visa, MasterCard or American Express account. This authorization shall effect payments beginning on the date listed for any amount owing on my (our) Guardian Security Systems, Inc. account, as such amounts become due. I (we) authorize the financial institution to accept any debit entries initiated by Guardian Security Systems, Inc. to be debited from said account.

NAME OF FINANCIAL INSTITUTION_____
BRANCH_____
CITY_____
STATE_____
ZIP CODE_____
CUSTOMER NAME (PLEASE PRINT)_____
ADDRESS_____
CITY_____
STATE_____
ZIP CODE

Check One: _____ Visa _____ MasterCard _____ American Express _____ Checking

Credit Card Number: _____ Exp. Date _____

Card Code: _____

Financial Institution Routing Number _____ Acct.# _____

This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. Change of payment method will not affect other provisions and terms of the Agreement with Guardian Security Systems, Inc.

DATE: _____ SIGNATURE: _____