



5 STAR SECURITY SYSTEMS
525 STATE STREET
NEWBURGH, IN 47630
812-490-4000

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize FIVE STAR SECURITY SYSTEMS, herein called COMPANY, to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution name below, herein called DEPOSITORY, and to credit the same to such account. I (we) acknowledge the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name/Company Name _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Amount of Payment \$ _____ Frequency
 Quarterly Semi Annual Annually
Quarterly = January 1, April 1, July 1 & October 1
Semi Annual = January 1 & July 1
Annual = January 1

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signature _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.