

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

COMPANY NAME: Source Security & Communications, Inc. dba 1st Alarm Security

COMPANY ADDRESS: PO Box 1023, Honesdale, PA. 18431

I (we) hereby authorize Source Security & Communications, Inc., hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until **COMPANY** received written notification from me (or either 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) _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

SIGNED X _____

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

Check here if receipt is required