

ACH FORM

GENERAL INFORMATION					
NAME					
COMPANY (OPTIONAL)					
ADDRESS					
CITY		STATE		ZIP CODE	
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE NUMBER		FAX			
E-MAIL					

"I (we) hereby authorize Giant Security, Inc. hereinafter called COMPANY to initiate debit entries to my (our) __ Checking/ __ Savings accounts at the depository financial institution named below, hereafter 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 the U.S. law."

BANKING INFORMATION				
DEPOSITORY NAME				
ADDRESS				
CITY		STATE		ZIP CODE
ROUTING NUMBER				
ACCOUNT NUMBER				

RECURRING CHARGE INFORMATION	
I HEREBY AUTHORIZE GIANT SECURITY DBA MR. LOCKS, VERTEX SECURITY TO CHARGE MY CREDIT CARD FOR MY ANNUAL MONITORING FEE. PLEASE CHECK ONE OF THE FOLLOWING: \$ _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> OTHER: _____	
TYPE OF SERVICE	<input type="checkbox"/> ALARM MONITORING <input type="checkbox"/> MAINTENANCE/INSURANCE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> CCTV <input type="checkbox"/> OTHER
DESCRIPTION	

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.

Note: Debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization

PRINT NAME

SIGNATURE(S)

DATE