

Authorization for Direct Payment Automatic Bill Payment

I (we) authorize **Comfort Security, Inc.** to initiate variable entries to my (our) account described below:

Checking Account No. _____

Savings Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check, savings deposit slip (below) OR provide the financial institution's routing number _____

(Please note: The routing number is found on the bottom left of your check or savings deposit slip)

This authority is to remain in full force and effect until **Comfort Security, Inc.** has received written notification from me (or either one of us) of its termination in such time and manner as to afford **Comfort Security, Inc.** a reasonable opportunity to act on it.

Signature _____

Full Name _____

Address _____

Date _____

Telephone No. _____

Billing Account No. _____

(Optional for Joint Account)

Signature _____

Full Name _____

Date _____

Telephone No. _____

The amount that will be drafted from your account will be equal to your monthly monitoring fee (plus the applicable sales tax) for the option selected below:

___ **monthly** ___ **quarterly** ___ **semi-annually** ___ **annually**

Retain For Your Records

On (Date) _____ I authorize **Comfort Security, Inc. P.O.Box 15303 Irving, TX 75015 (972) 251-1215**, to initiate electronic entries to my checking/savings account and agreed to the terms listed on the authorization form, for payment of

_____ (purpose of payment)

Initial payment amount \$ _____

(To cancel write to address above)