



Subscriber ID _____

CUSTOM SECURITY SYSTEMS, INC.

P. O. Box 15628, Baton Rouge, LA 70895
225/927.5535 | Fax 225/927.9764
customsecuritysystems.com

Electronic Payment Authorization

EXISTING <input type="checkbox"/> Add to Draft <input type="checkbox"/> Account Information Update	<input type="checkbox"/> New Service
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I, _____, give my approval for Custom Security Systems, Inc. to process a monthly payment from my bank or credit card company for alarm services at this address _____.

FOR BANK DRAFT

Name of Bank/Credit Union _____

Account Type Checking Savings Date of Draft 5th 25th

Bank transit number _____

Bank account number _____

FOR CREDIT CARD DRAFT

Credit Card will be charged on the 15th of each month

Card Type Visa Mastercard American Express Discover

Name on Card _____

Company Name _____

Credit Card Number _____ Expiration Date _____

If at any time you are not satisfied with this arrangement, you may cancel by notifying Custom Security Systems, Inc. by phone. This will result in a \$2.00 monthly increase in your monitoring rate.

Signature _____ Date _____

If the date of your draft falls on a weekend or holiday, payment will process the business day prior.

Please attach a voided check on account to draft.

FOR OFFICE USE ONLY	
Batch # _____	Term of Agreement _____
Start Date (Month/Year) _____	Date Entered (MKMS) _____
Amount to Draft _____	Entered By (MKMS) _____

Date Entered (Bank) _____	Entered By (Bank) _____