## **Redwood Security Systems, Inc.**

PO Box 1809 Mill Valley, CA 94942 415-388-5355

## **Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

## Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Please complete the information bel	low:
I authori	ize Redwood Security Systems, Inc. to charge my credit card or
·	ng amount on the <u>1st</u> of each quarter for payment of my monitoring
Billing Address	Phone#
City, State, Zip	Email
Site Address of alarm	Acct #
Checking/ Savings Account	Credit Card
☐ Checking ☐ Savings	☐ Visa ☐ MasterCard
Name on Acct	☐ Amex ☐ Discover
Bank Name	Cardholder Name
Account Number	Account Number
Bank Routing #	Exp. Date
Bank City/State	
Routing Number Account Number	
SIGNATURE	DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Redwood Security Systems, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Redwood Security Systems, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.