



# SUNSHINE STATE SECURITY

8815 Conroy Windermere Rd. 207, Orlando , FL 32835  
Office - (407) 226-8844 ; Fax - (407) 876-9893 Licensed, Bonded , Insured  
Request@sunshinestatesecurity.com

## PAYMENT EXPRESS

Sunshine State Security Inc. offers the convenience of automatic payments through PAYMENT EXPRESS, an electronic transfer of funds option from a checking or saving account. Payments for services such as recurring alarm monitoring or other purchases will be safely and securely processed automatically, thereby providing the peace of mind of knowing that services will be paid on time. To enroll, simply fill out the spaces below and attach a VOIDED CHECK.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (hereinafter "CUSTOMER") authorize Sunshine State Security Inc. (hereinafter "COMPANY") to initiate debit entries to my checking/savings account at the depository financial institution provided below (hereinafter "DEPOSITORY"). I hereby authorize COMPANY to withdraw sufficient funds to pay for my recurring alarm monitoring services and/or other related charges for services and/or parts purchased that are due and payable. I also authorize COMPANY to use a third party sender to process all payments. I acknowledge that transactions processed through the Automatic Clearing House (ACH) are strictly controlled by Government Regulations and monitored by the Federal Reserve and must comply with provision of United States Law.

Customer's Name (Please Print)

DEPOSITORY - Bank or Credit Union

Street Address

Street Address

City State Zip Code

City State Zip Code

Routing Transit Number (9 digits)  
(see example below)

Account Number  
(see example below)

Checking or  Savings (please check one box)

This authorization shall remain in full force and effect until I notify COMPANY, in writing of its termination. I understand that a request to terminate must be submitted at least fifteen (15) days prior to the scheduled withdrawal date to afford COMPANY and DEPOSITORY sufficient time to act upon it. I will not hold COMPANY and /or DEPOSITORY responsible for any bank or credit union fees, including, but not limited to, over-limit fees, that I incur for termination request submitted outside the required fifteen (15) days.

Customer's Signature

Date

Alarm Account #

E-Mail Address

### ATTACH VOIDED CHECK BELOW

Jane Doe 1234  
1234 Any Street  
Anytown US 12345

Date \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

ANYTOWN BANK \_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_

123456789 0987654321 1234

(ROUTING NUMBER - 9 DIGITS)

(ACCOUNT NUMBER)

(CHECK NUMBER)