



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER DEBITS

I, the RECEIVER, hereby authorize TRISTAR MONITORING LLC. hereinafter called COMPANY, to initiate debit entries to my Checking/Savings account indicated below at the financial institution named below, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Declined/returned debits from DEPOSITORY are subject to Company’s published non-sufficient funds “NSF” fees including any resulting late fees on any now past due balances.

Select One: One Time Authorization Only Recurring Monthly Auto Pay

Company’s Name: _____ (“RECEIVER”)

Depository (Bank) Name: _____

City _____ State _____ Zip _____

Routing / ABA No. (9 Digits): _____ Account No.: _____

Checking Savings Business Account Personal Account

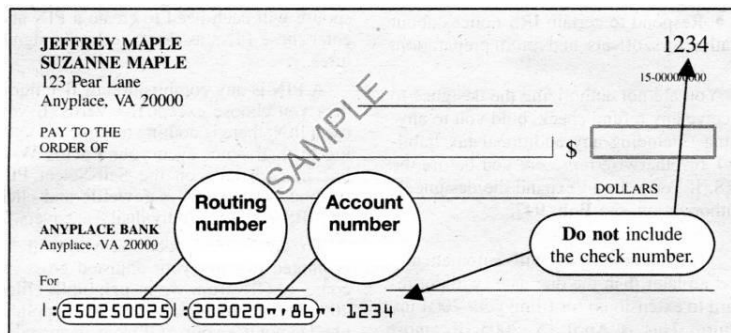
If Recurring Monthly Auto Pay was selected above, this authorization is to remain in full force and effect until COMPANY has received written notification from the RECEIVER of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name of Authorized Officer of Receiving Company: _____
(Please Print)

Signature of Authorized Officer of Receiving Company: _____

Date: _____

Attach a VOIDED CHECK to this authorization if a checking account will be debited.



Note. The routing and account numbers may be in different places on your check.



1255 Graphite Dr. Corona, CA 92881 ACO 7211
www.tristarmonitoring.com P-888-790-0922 F-855-479-8681