



ACH Authorization Form

I (we) hereby authorize **AvantGuard Monitoring Centers Inc.** (THE COMPANY) to initiate ACH transfer entries to my (our) account listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Dealer Company Name) Dealer # _____

(Dealer Company Address – PLEASE PRINT)

Dealer Telephone: () _____ - _____

Dealer Fax: () _____ - _____ Send receipt: Email Fax Mail

Dealer Email Address: _____

(Bank Name)

(Bank Account Name)

Account Type: Checking Savings Account is: Personal Business

Routing Number (9 digits): _____ Account Number: _____

Amount \$ _____ Frequency: Monthly One Time Only Other _____
(Amount N/A if Monthly is checked)

Account Owner Signature / /
Date

Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER