Automated Bank (ACH) Authorization Form

Please complete all information below in clear, legible handwriting using a dark pen.

Please attach a copy of a voided check that ties to the bank account below.

Client / Company Name _____

Primary Contact Name _____ Phone _____

M&S Customer Account Number _____

_____ I, the undersigned, hereby authorize M&S Security Services Inc. to charge my bank account below, on the **fifth day of each month for the full amount due each month**. If no balance is due on the fifth of each month, then no payment will be initiated. Please send a payment confirmation via: _____ mail, _____ email, _____ fax at (address, email, fax): _____

_____ I hereby authorize M&S Security to initiate an automatic deduction to my account at the financial institution named below. I agree not to hold M&S Security responsible for any incomplete information supplied by me or by my financial institution in collecting funds from my account.

_____ I agree to monthly automated debit in the amount of $_____.

Account Information

Name of Bank _____

Bank Full Address _____

Name on Account _____

Account Number _____ Routing Number _____

Account Type: _____ Checking _____ Savings

_____ _____ _____

Printed Name of Cardholder Cardholder's Signature Date