

EFT AUTHORIZATION

Remit to:
NorthStar Alarm Services
1280 South 800 East, Suite 200
Orem, UT 84097



Honeywell

Security Products Dealer

Please complete the authorization form below.

Name: _____

Customer Number: _____

Monitored Address: _____

Email Address: _____

Billing Day Preference: 1st 16th

Routing Number

Account Number

I _____ understand that payments
(print name)
will be automatically scheduled each month for the billing date
requested. Any previous billing fees for non-EFT payments will no
longer apply.

Customer Signature

Date

AL#10-001345, AR#E-2010-006, AZ#R06-1073, CA#ACO-6008, CO#1025262, ID#PS110012, IN#89340, MI#3601204610, NM#572, NC#1924-CSA,
OH#2002004091, OK#1774, OR#155756, SC#12781, TN#C-1300, TX#B14768, UT#5025131-6501, WA#NORTHAS90016