



12244 Applewood Knolls Drive  
 Lakewood, CO 80215  
 303-922-7191 fax 303-474-3662  
 Web: <http://www.csalarm.com>

**AUTOMATIC CHECKING ACCOUNT WITHDRAWAL ENROLLMENT FORM FORM**

(Please print or type)

<b>CUSTOMER NAME</b>						<b>CSA CUSTOMER NUMBER</b>				
<b>BILLING ADDRESS</b>					<b>PREMISE ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>	<b>DRIVERS LIC #</b>		<b>STATE</b>		<b>EXPIRES</b>		
<b>DAY TELEPHONE</b>		<b>NIGHT TELEPHONE</b>		<b>EMAIL ADDR (REQUIRED FOR RECEIPT)</b>						

**Important Notes:**

1. If we receive your form by the 10th of the month, ACH will begin on the 1st day of the following month. For example, if we receive your form before May 10<sup>th</sup>, ACH will begin on June 1st.
2. The amount charged to your ACH will be the amount customarily billed on your account.
3. Payments will be charged on the 1st business day of each month.
4. If you would like to confirm your ACH start date, please contact us at (303)922-7191

**Cancellation and Change Policy**

1. If you want to cancel ACH billing, please notify our office in writing no later than 7 business days before the 1st of the month for which you want it cancelled.
2. If you need to change your card on file for billing, please fax or mail this form with new account numbers and other needed information, and a brief note of your request. Our fax number is 303-474-3662.
3. Your request must arrive in our office no later than 7 business days before the 1st of the month for which you want it changed.

Please contact us if you have questions about your participation in the Colorado Security Alarm ACH payment program.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby authorize Colorado Security Alarm to automatically pay my account charges via ACH payment until written notification to discontinue. I have read and understand the above *ACH Cancellation and Change Policy*.

**ATTACH VOIDED CHECK HERE**  
*(Make sure bank codes are inside of the box)*