

**BURGARELLO**

**ALARM INC.**

P.O. Box 2883  
Sparks, NV 89432  
(775) 359-9415  
Fax (775) 359-9214

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

TO BETTER SERVE OUR CUSTOMERS, WE CAN NOW AUTOMATICALLY DEDUCT FOR YOUR RECURRING SERVICES FROM YOUR CHECKING ACCOUNT. IF YOU WOULD LIKE THIS SERVICE, PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN A VOIDED CHECK TO US.

I HEREBY AUTHORIZE BURGARELLO ALARM, INC. TO INITIATE AUTOMATIC RE-OCCURRING PAYMENTS FROM MY BANK ACCOUNT AS SPECIFIED BELOW:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

YOUR BANKS NAME \_\_\_\_\_

BANK ACCOUNT \_\_\_\_\_

DEDUCT PAYMENT OF \$ \_\_\_\_\_ MONTHLY \_\_\_\_\_ QTRLY \_\_\_\_\_

BEGINNING \_\_\_\_\_

I UNDERSTAND THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **BURGARELLO ALARM, INC.** HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE DEPOSITOR A REASONABLE OPPORTUNITY TO ACT ON IT. I MAINTAIN THE RIGHT TO STOP PAYMENT OF THE DEBIT ENTRY (DEDUCTION) BY WRITTEN NOTIFICATION DELIVERED TO **BURGARELLO ALARM, INC.** TEN (10) BUSINESS DAYS OR MORE BEFORE THIS PAYMENT IS SCHEDULED TO BE MADE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_