COMMERCIAL INSTRUMENTS & ALARM SYSTEMS, INC.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize Commercial Instruments & Alarm Systems, Inc., to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, Commercial Instruments & Alarm Systems, Inc., to collect a returned item fee of $25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

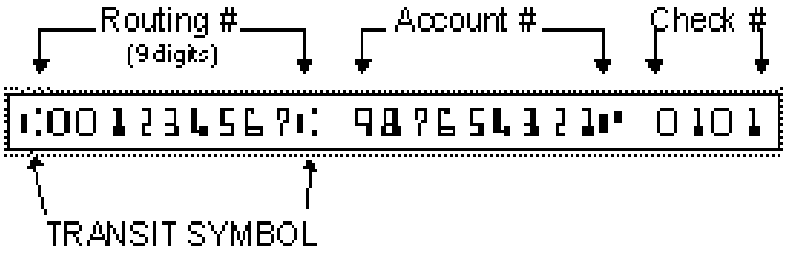
I understand and authorize all of the above as evidence by my signature below.

AUTHORIZING
SIGNATURE:_____DATE:_____

NAME & ADDRESS: (Please Print)

_____

Financial Institution account "identifying information":
Enter financial institution account information into the fields provided below or attach a blank VOID check.



To the left is an example of the printing found on your check that identifies the routing and account number. Copy the numbers into the bank information fields found below on this form.

YOUR BANK'S NAME:_____

BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING #: _____ ACCOUNT #: _____

RETURN VIA FAX # (845) 896-8887 OR REGULAR MAIL ONLY.
DO NOT SEND VIA E-MAIL DUE TO SECURITY ISSUES

MAIL TO:
CIA SECURITY
2 SUMMIT CT- SUITE 306
FISHKILL, NY 12524