



LAMARCO SYSTEMS

Life Safety & Integrated Security Solutions

AUTOMATIC PAYMENT PLAN AGREEMENT AUTHORIZATION FOR DIRECT (ACH DEBITS/CREDITS)

Email to info@lamarcosystems.com

Individual(s) Name:		Phone Number:	
Address:	City:	State:	Zip Code:
Name of Financial Institution:	Routing #:	Account #:	

I (we) hereby authorize LaMarCo Systems, Inc. to initiate debit/credit entries to my (our) Checking Account indicated on the attached voided check at the depository financial institution named on such document, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of LaMarCo Systems, Inc. transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until _____ has received written notification (signed by all names on bank account) of its termination in such time and in such manner as to afford LaMarCo Systems, Inc. a reasonable opportunity to act on it.

ATTACH VOIDED CHECK (all names on bank account need to sign below)

Signature:	Print Name:	Date:
-------------------	--------------------	--------------

NOTE: ALL WRITTEN DEBIT/CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.