

# ACH Authorization Form



Middletown Security Systems, Inc  
20 South Breiel Blvd.  
Middletown, OH 45044  
513.423.1065  
513.423.7728 (fax)

Return the completed form to us

CSID # \_\_\_\_\_

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Date: \_\_\_\_\_

**(Option 1 – for One Time Authorization)** I, \_\_\_\_\_, authorize Middletown Security Systems, Inc. to charge my banking account listed below on \_\_\_\_\_ [month,day,year] for the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ [description of the transaction].

**(Option 2 – for Recurring Authorization)** I, \_\_\_\_\_, authorize Middletown Security Systems, Inc. to charge my banking account listed below, starting on the \_\_\_\_\_ [month,day,year] and continue on my billing cycle for the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ [description of the transaction].

My account information is as follows:

Customer's Name (as it appears on Bank account): \_\_\_\_\_

Bank Account Type:  Checking  Savings  Business Checking

Bank Name: \_\_\_\_\_

Bank ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

This payment authorization is valid and to remain in effect unless

I, \_\_\_\_\_, notify Middletown Security Systems, Inc. of its cancellation by sending written notice to Middletown Security Systems:

Please mail to our office or fax to 513.423.7728/ or email to [accounting@middletownsecurity.com](mailto:accounting@middletownsecurity.com)