



Dear National Alarm Customer,

In response to many requests from customers like you we are happy to introduce a new payment option that allows you to deduct your monthly monitoring fee from your checking account each month with no service charge. We call this new process Electronic Funds Transfer (EFT).

With EFT you can:

- Save time and money –it’s automatic and free
- Avoid any lost or delayed checks in the mail
- Have a safe and secure payment each month
- Relax when traveling for business or pleasure
- Avoid late fees and potential loss of service

Signing up is easy:

1. Write your account number on the enrollment form below, and then sign your name.
2. Get a check from the account you want to use and write “void” on the check.
3. Please staple or paperclip the voided check to the enrollment form.
4. Mail the form and a voided check along with another check to pay your current bill.
5. Please use your billing return envelope or mail to:

National Alarm  
 1720 J&C Blvd., Suite 6  
 Naples, Florida 34109

Please allow at least 30 business days for us to process your enrollment form. For answers to commonly asked questions, please see the reverse side.

Thank you for your enrollment

Tear Here

**Sign me up for the NATIONAL ALARM EFT program!**

**Be sure you staple a voided check to this form.**

NATIONAL ALARM Account No.: 

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(Deposit slips and photocopies cannot be processed)

Your account number is printed at the top of your NATIONAL ALARM bill.

**Include this form with your payment.**  
**(please print the following information)**

*I authorize NATIONAL ALARM and my financial institution to automatically deduct from my checking account as shown on my enclosed check all future payments for my NATIONAL ALARM bills. I understand that both NATIONAL ALARM and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will immediately notify NATIONAL ALARM.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date  
*Signature is mandatory and must match name on voided check.*