



CALIFORNIA SAFETY COMPANY, INC

Newsletter April, 2018

License Information: ACO7695 & 266257/C-10 ELECTRICAL

www.californiasafety.com

Phone (530) 243-2521

PO Box 990956, Redding, CA. 96099

BILLING NOTIFICATION

It is our goal, by the end of 2018, to switch all of our customers to either email billing or ACH auto draft.

Please take a few minutes to read the information provided on the reverse side of this newsletter regarding ACH auto draft. We can automatically draft your checking or savings account on a monthly, quarterly, semi-annual, or annual basis for your recurring charges.

If you are not interested in auto draft, please provide your email address for billing. Fill out the information below and return this form by mail to our office or by email to serina@californiasafety.com. If you have any questions regarding email billing or ACH auto draft, please call our office and talk to Serina (530) 243-2521.

Name: _____

Alarm System Address: _____

Bill Payer ID # (Located in the bottom right hand corner of your invoice) _____

Billing Email Address: _____

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ACH Recurring Payment Authorization Form

California Safety Company, Inc. has started a new automatic payment program. Your monthly payments can now be scheduled to be automatically deducted from your checking or savings account. For customers that would like this payment option, complete and sign this form to get started!

Automatic Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
•Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit".

You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize California Safety Company, Inc. to charge my bank _____ (Print Full Name)

account, indicated below, on the FIRST DAY of each MONTH for payment of my alarm system lease and, or monitoring fees. Annual, semi annual, or quarterly fees will be drafted on their normal recurring date.

Monthly fee charged to my account will be in the amount of \$ _____.

Company Name (if applicable) _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Bill Payer ID # (Please see attached invoice to locate your bill payer ID) _____

Account Type: [] Checking [] Savings

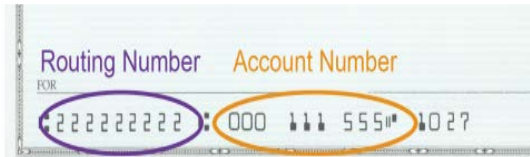
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



RETURN VOIDED CHECK WITH THIS AUTHORIZATION.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify California Safety Company, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that California Safety Company, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.