



CALIFORNIA SAFETY COMPANY, INC

Newsletter Feb., 2019

License Information: ACO7695 & 266257/C-10 ELECTRICAL

www.californiasafety.com

Phone (530) 243-2521

PO Box 990956, Redding, CA. 96099

TECH QUESTION: Telephone Line Changes

Q: Does making changes to my telephone system impact my alarm system?

A: Yes. If you are considering or have already cancelled your land-line telephone service or moved over to VOIP (such as Vonage or Magic Jack) there may be an impact on your security or fire alarm system. Signals may not transmit properly, or they may come in scrambled and unidentifiable. If you have work done on your telephone lines, it may also cause problems with your system. Testing the system to the central station is always advisable after having telephone work done. Think about going completely wireless with a cellular or internet communicator. Contact Stuart for further information (530) 243-2521. We offer low cost upgrade options.

EMAIL BILLING ACCOUNTS

We are trying to convert all of our accounts to email billing. If you have already converted, thank you. If you have not signed up for email billing, it is a great time to do so. Just call us, or jot a note on your billing stub with the email address you want us to use for billing.

PLEASE NOTE: Your monthly emailed invoices will be sent from serina@californiasafety.com, our accounts payable supervisor. If you are not receiving your monthly invoice, check your junk mail. To receive the billing properly, be sure to save Serina's email address as a contact.

If you have any questions, or would like to sign up for email billing, call Serina at (530) 243-2521.

REFERRALS

Would you like a \$25.00 credit applied to your account?

Refer friends and neighbors. If we start monitoring their alarm, or install a new alarm system for them, you get a \$25.00 credit applied to your account.

CALL LIST/PASSWORDS

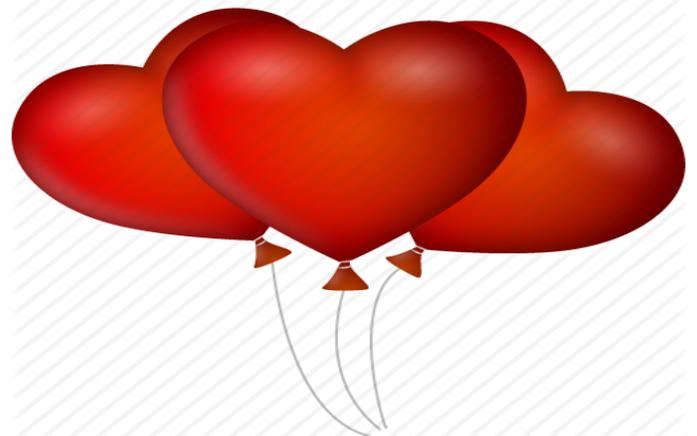
KEEP US UPDATED

Your call list is a vital tool for us to effectively communicate with you about your alarm system. Your call list tells us who should be notified when the security or fire alarm is activated or when a low battery or a trouble signal occurs. We recommend that you update your call list at least once a year. Include your cell phone number and any trusted neighbors, family members, or key employees that can check your property at any time of the day or night. This person must have a code to the system and a key, in case the Police need access.

It is also important to keep current passwords on file. Passwords are used to identify authorized alarm system users. Many of you now use the Total Connect App to add and delete your own codes. Have you sent those updates to the central station? If a person is deleted, we need to delete that person from your password list. If a person is added, we need to add that person as an authorized user and assign a password to that person.

There is no charge to update your password and call lists. You can make as many changes as needed. Contact our office (530) 243-2521 to receive a current list of users and passwords. You will be asked for your password, for identification purposes, before we send you the list. Make the updates and return it to our office.

HAPPY VALENTINE'S DAY



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ACH Recurring Payment Authorization Form

With our Automatic Recurring Payment Plan, your monthly payments can be scheduled to be automatically deducted from your checking account or charged to your credit/debit card. 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 (eliminates late charges).

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account or your credit/debit. 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 or credit card statement as a "Debit" and will reference our company name.

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 account or credit/ debit card, 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 [] Visa/ Mastercard / Amex/ Discover

Name on Acct/Card:

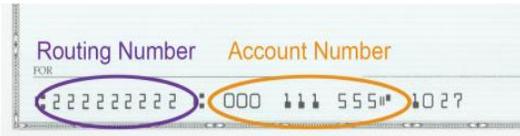
Card #: Exp: CVV:

Billing Address/City/ Zip:

Bank Name:

Account #: 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 or card 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.