



It is Important to Test Your Alarm System

Just like activating your alarm system when you leave, periodic testing of your alarm system is essential to ensure proper function. You should test your alarm system periodically to the central monitoring station, monthly or weekly is best.

How to Test Your Alarm System

There are two types of tests to perform: Testing signals within your home or business and testing the signal from your home or business to the central monitoring station.

Testing the Signals Within Your Home:

1. Verify the system is in "READY" mode. DO NOT arm it.
2. Open each protected door or window, one at a time.
3. Check and make sure that the keypad displays the door or window you are testing is open. It will display the faulted zone in the window.
4. Close the respective door or window. The keypad should display the "Ready" mode.
5. Repeat this procedure for each sensor in the system.

Testing the Signal to the Monitoring Station:

1. Call the central monitoring station and have the dispatcher put you in "TEST" mode. You will be asked for your password, (530) 243-2521.
2. Arm your system as usual and set it off by opening a door or window that is contacted or by tripping an infrared sensor. Let the alarm sound for at least 30 seconds.
3. Turn off your system, twice, this will reset it to the "Ready" mode.
4. Call the central monitoring station, verify that the signal was received, and tell the dispatcher to take the system off test.
5. If you are having a service issue, you can talk to the dispatcher about scheduling a service call or system check.

Halloween Health and Safety Tips from the CDC.

Going Trick-Or-Treating?

- S** Swords, knives, and other costume accessories should be short, soft, and flexible.
- A** Avoid trick-or-treating alone. Walk in groups or with a trusted adult.
- F** Fasten reflective tape to costumes and bags to help drivers see you.
- E** Examine all treats for choking hazards and tampering before eating them.
- H** Hold a flashlight while trick-or-treating to help you see and others see you. Walk do not run from house to house.
- A** Always test make-up in a small area first. Remove it before bedtime to prevent possible skin and eye irritation.
- L** Look both ways before crossing the street. Use crosswalks wherever possible.
- L** Lower your risk for serious eye injury by not wearing decorative contact lenses.
- O** Only walk on sidewalks whenever possible or the far edge of the road facing traffic to stay safe.
- W** Wear well-fitting masks, costumes, and shoes to avoid blocked vision, trips, and falls.
- E** Eat only factory-wrapped treats. Avoid eating homemade treats made by strangers.
- E** Enter homes only if you are with a trusted adult. Only visit well-lit houses. Never accept rides from strangers.
- N** Never walk near lit candles or luminaries. Be sure to wear flame-resistant costumes.

HAVE A SAFE AND HAPPY HALLOWEEN

CALIFORNIA SAFETY COMPANY, INC.

P.O. Box 990956, Redding, CA 96099

(530) 243-2521

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.