



Maxim Security Alarm Service  
P. O. Box 3251  
Independence, MO 64055

NEW ACH FORM

I (we) hereby authorize Maxim Security to initiate debit entries to my (our) \_\_\_\_\_Checking, \_\_\_\_\_Savings account (select one) indicated below and the Bank named below.

Bank's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Checking Routing Number \_\_\_\_\_ \*\* See Below

Effective Date \_\_\_\_\_

Dollar Amount \_\_\_\_\_

(To be debited to your account on the 1st of every month, this is a recurring monthly charge.)

DO YOU REQUIRE A PAID INVOICE TO BE MAILED OUT? YES OR NO

This authority is to remain in full force and effect, until Maxim Security and Bank have received written notification from me (or either of us) to eliminate debit entries to my (our) account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send a Voided check along with this form to the above address.  
\*\* Call your bank to verify Routing Number for ACH transactions.