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ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name (I, my) hereby authorize Mahoney Notify-Plus Inc., (COMPANY) to initiate debit entries to my checking/savings account indicated below and the financial institution named below to debit the same to such account.

Customer Name

Customer Number

Name of Financial Institution

Street Address

City

State

Zip Code

Bank Routing Number

Account Type Checking Savings

Bank Account Number

Debit Amount

E-Mail (For Receipt)

I have attached a voided cheque for the appropriate account. This authority is to remain in full force and effect until COMPANY and financial institution receive written notification from me (or either of us) of its' termination in such time and in such manner as to afford COMPANY and financial institution a reasonable opportunity to act on it. I understand a payment cancellation or unsuccessful payment will cause additional fees.

NAME

Date

SIGNATURE

Phone Number
