



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize **FRASE PROTECTION, INC.** and my bank (named below) to debit my checking account automatically each quarter (or month) for my alarm monitoring and/or service. I understand that I may cancel this agreement at any time by written notice to **FRASE PROTECTION, INC.**

MY NAME _____

MY ADDRESS _____

MY BANK NAME _____

Check One Checking Savings

MY BANK ROUTING NO. (9-Digit # on Check) _____

MY BANK ACCOUNT NO. _____

DATE _____

SIGNED _____

◆ **Please enclose a voided check on the above account.** ◆

*Please mail to: PO Box 533 Cordova, TN 38088
or email to: info@fraseprotection.com
or fax to: 901-757-2460*

Thank you.