

SHORELINE INVESTMENT SERVICES INC.

Po Box 664

Lapeer MI 48446

810-664-0465 Monitoring Accounting Department

julie-acctdpt@thumbalarm.com

We at **Shoreline Investment Services Inc.** are offering automatic payment for your monitoring fees. Please complete and return this form, **ALONG WITH A VOIDED CHECK** from the account to which you want your payment withdrawn from (checking accounts only). **If this is a business account to withdraw from, we will need the Tax ID # for the business account.**

I authorize **Shoreline Investment Services Inc.** and my financial institution to automatically withdraw funds from my account for my monitoring fees. Along with authorization to withdraw, I am giving **Shoreline Investment Services Inc.** and my financial institution the right to make adjusting entries to correct errors. **This authority will remain in effect until I have cancelled it in writing at least 60 days prior to the withdrawal date.**

Date: _____ Thumb Alarm Systems Acct #(Client to Complete): _____

Client Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email for emailed invoices/statements: _____

Contact Phone: _____ Driver's License Number/ Tax ID# _____

Name of Financial Institution: _____

Routing/ABA Number: _____

Account Number (Checking Account Only): _____

Amount: Monthly \$ _____ Qrterly \$ _____ Ann \$ _____ Semi Ann \$ _____

****PLEASE WRITE THE DOLLAR AMOUNT WE ARE TO RUN AND WHAT BILLING CYCLE******

Signature: _____ Date: _____

*****There will be a \$30.00 service fee on all insufficient funds, each time it occurs from
Shoreline Investment Services*****