

Newsletter August, 2021

License Information: ACO7695 & 266257/C-10 ELECTRICAL

www.californiasafety.com

ALIFORNIA SAFET

COMPANY INC.

RGLAR & FIRE ALARN SPECIALISTS

Phone (530) 243-2521

PO Box 990956, Redding, CA. 96099

There is no Substitute for a Local Company and Local Alarm Monitoring

California Safety Company, Inc. works hard to provide you with the latest in security and fire alarm technology and equipment. We provide local monitoring services for our customers at our UL Listed Central Station in Redding. We don't ship our customer's alarm signals to an out of state monitoring station, we monitor here, in Redding.

We go that extra mile with customer service and support. We offer free security or fire alarm consultations and free estimates. If you have a problem, we have in house service technicians ready to try to solve that problem without incurring a service call fee. Our employees are highly trained and live locally. We are your neighbors, family and friends. We know the area and its people, and we appreciate your business.

VIDEO MONITORING

Are you having trouble with theft in your maintenance yard or vehicle storage area? Video monitoring may be the answer. Our video surveillance cameras tie directly to your security system. When a security device is tripped, visual notification is sent to the central monitoring station.

Remote security monitoring happens live. This means no false alarms, instant action and faster response times from law enforcement.

Our estimator will meet you on site and customize a system to your specific needs. Give us a call today for a no charge security consultation (530) 243-2521.

Cellular Communicator Sunset

The sunset date for your cellular communicator is fast approaching. Please call us if you have not had your communicator upgraded yet.

It is imperative that any alarm system transmitting with a GSM cellular communicator be upgraded before the first of the year. We are offering this upgrade at our cost of parts only. We will also provide a complete system inspection at no charge, under a new agreement. Please give Stuart a call today to set up an appointment for this upgrade (530) 243-2521.

Our service technicians always appreciate feedback and good reviews. Go to our website at CALIFORNIASAFETY.COM and follow the link to YELP to leave a review. You can also use our website to make a payment, look up your alarm system user manual, and much more.

CALIFORNIA SAFETY COMPANY, INC.

P.O. Box 990956, Redding, CA 96099

(530) 243-2521

ACH Recurring Payment Authorization Form

With our **Automatic Recurring Payment Plan**, your monthly payments can be scheduled to be automatically deducted from your checking account or charged to your credit/debit card. *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 (eliminates late charges).

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account or your credit/debit. 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 or credit card statement as a "**Debit**" and will reference our company name.

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 account or credit/ debit card, 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 Visa/ Mastercard / Ame Name on Acct/Card:	
Card #: Exp: CVV: Billing Address/City/ Zip:	
Bank Name:	
Account #: Routing #:	
Bank City/State:	
RETURN VOIDED CHECK WITH THIS AUTHORIZ	ATION.
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 or card 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.