



CALIFORNIA SAFETY COMPANY, INC.

Newsletter Sept., 2021

License Information: ACO7695 & 266257/C-10 ELECTRICAL

www.californiasafety.com

Phone (530) 243-2521

PO Box 990956, Redding, CA. 96099

EMAIL BILLING

Please consider going paperless with email billing. We are converting our accounts over to this type of billing, or you also have the option of an automatic payment draw from your bank account or credit card. Please see the back of this newsletter for further information on the automatic payment option.

For email billing, please provide the name the account is under, telephone number and billing email address:

ACCOUNT NAME: _____ PHONE # _____

EMAIL ADDRESS: _____

FIRE SAFETY FOR PEOPLE WITH DISABILITIES

- Have smoke alarms on every level of your home, inside bedrooms and outside each sleeping area. Interconnect your smoke alarms, so when one sounds, they all sound.
- If you are deaf or hard of hearing, use smoke alarms with a vibrating pad, flashing light or strobe light. These accessories start when your alarm sounds.
- Test your smoke alarms every month.
- Be sure to know two ways out of every room. If you live in a multistory home, sleep on the first floor. Being on the ground floor and near an exit will make your escape easier.

HAVE YOU EVALUATED YOUR SYSTEM LATELY?

To keep your alarm working efficiently, it is important to have your system tested periodically. If you are not comfortable testing your system, we can do it for you. Service checks can be inexpensive or at no charge, depending on the type of plan you are currently on. We are always willing to work out something to fit your budget. Making sure your system is working correctly can save you money and time in the long run.

While testing your system we can also check to ensure that there is adequate coverage. Perhaps you have remodeled your home, or maybe you have doors or windows that are not tied to your alarm. Adding additional protection with motion sensors and/or glass break detectors is always a good idea.

If you are interested in a no charge quote and a system inspection, give our service department a call at (530)243-2521.

TAKE FIRE SAFETY SERIOUSLY

- According to the National Safety Council, fire is the sixth leading cause of unintentional, injury related death over all age groups.
- According to the NFPA, almost three out of five home fire deaths were caused by fire in properties with no smoke alarms or smoke alarms that failed to operate.
- According to the NFPA, the risk of dying in reported home fire structure fires is 55% lower in homes with working smoke alarms than in homes with no alarms or none that worked.
- When smoke alarms failed to operate, it was because of disconnected or non-working power sources. Battery problems were most common.

Having your smoke detectors monitored is a great option for additional protection. It significantly cuts down the response time for help to arrive. **Call us today for further information or a free estimate to add smoke detectors to your existing alarm system (530) 243-2521.**

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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 / Amex/ Discover

Name on Acct/Card:

Card #: Exp: CVV:

Billing Address/City/ Zip:

Bank Name:

Account #: Routing #:

Bank City/State:

RETURN VOIDED CHECK WITH THIS AUTHORIZATION.



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.