

ACH CREDIT/DEBIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

I (we) hereby authorize Sentry On-site Security Corp., hereinafter referred to as SENTRY to initiate automatic deposits to my (our) account at the financial institution named below.

I (we) also authorize SENTRY to make a correcting entry (debit) to this account in the event funds are deposited into this account for which I (we) are not entitled.

Further, I (we) agree not to hold SENTRY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or by my (our) financial institution or due to an error on the part of my (our) financial institution in depositing funds to my (our) account. This agreement will remain in effect until SENTRY receives a written notice of cancellation from me (us) or my (our) financial institution, or until I (we) submit a new ACH Credit/Debit Agreement form to the Accounts Payable department. I (we) understand that SENTRY requires at least 1-week prior notice in order to cancel this authorization.

ACCOUNT INFORMATION

Vendor Name: _____ Vendor Address: _____

Email Address: _____ TAX ID # or SSN: _____
for remittance advice

Name of Bank: _____ Name on Account: _____

Account Type: Checking: Savings:

Bank Routing Number

Bank Account Number

Authorized Signature: _____ Date: _____

Please e-mail completed document to officer@sostx.us or fax to 800-936-3596