



SHIVER
SECURITY SERVICES

Electronic Funds Transfer (EFT) Authorization Form
Tax ID: 31-177577

This is authorization for Shiver Security Systems, Inc. to initiate debit entries of premiums or any other related payments on my (our) behalf and credit entries as required to my (our) account indicated below, and authorize the financial institution named below to debit/credit the same to such account.

Financial Institution Information			
Financial Institution Name:			
Financial Institution address:	City	State	Zip
Bank Account No.	Bank ABA No.:		
Bank Contact:	Phone:		
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
(Please Attach a Voided Check)			

Customer Information			
Customer Account Name:			
Customer Number with Sonitrol:			
Customer Address:	City:	State	Zip
Contact Person:	Phone No.:		

Printed name and title:	Authorized signature on account:	Date:
-------------------------	----------------------------------	-------

Return completed form and voided check to: Shiver Security Services
1400 Cincinnati St.
Dayton OH 45417
or....email form and copy of voided check to: admin@shiversecurityservices.com

Cincinnati & N. Kentucky 6404 Thornberry Court, #410 | Mason, Ohio 45040 | P: 513.618.3285 | F: 513.719.4050
Dayton and Springfield 1400 Cincinnati Street | Dayton, Ohio 45408 | P: 937.425.6525 | F: 937.228.2573