



SHIVER SECURITY SERVICES

Electronic Funds Transfer (EFT) Information

Electronic Funds Transfer is a convenient way to pay your alarm services invoice without writing another check.

Enrollment

Complete the enclosed application form and return to Shiver Security with a voided check. There is no processing fee involved. There are 2 ways to provide this information:

1. Email completed form and copy of voided check to admin@shiversecurityservices.com, or
2. Mail completed form and voided check in envelope provided to 1400 Cincinnati St., Dayton OH 45417.

Process

Only invoices for alarm services will be processed via EFT. Invoices for service or installation will be processed through EFT **only** with your authorization.

You will continue to receive an alarm services invoice. At the bottom will be a message not to send payment... amount will be electronically transferred on the 15th of the month. The Transfer Amount will be initiated by Citizens Bank.

If the transfer amount is rejected due to insufficient funds, there will be a bank charge fee of \$20.00.

Any questions about charges can be immediately resolved by calling Accounts Receivable, 1.877.577.5591, Ext. 517 or Ext. 515.

Changes or Cancellation

The EFT will remain in force and effect until Shiver Security Systems receives written notification of any changes or cancellation.

Questions

If you have questions concerning the EFT, please call 1.877.577.5591, Ext. 526 or Ext. 517.

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 45417 | P: 937.425.6525 | F: 937.228.2573



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:
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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

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