

## Authorization Agreement For Pre-Authorized Payments

I (we) hereby authorize On Guard Security, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

DEPOSITORY BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

TRANSIT / ABA NO: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

ACCOUNT TYPE (Please check one):  Checking  Savings

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_

SS# or TAX ID: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED (X): \_\_\_\_\_

SIGNED (X): \_\_\_\_\_

**To insure validity of your bank information - please attach a voided check to this authorization.**

If you have any questions, please call our office at 945-4827.

# Start Saving Today!



945-4827  
[www.OnGuardLL.com](http://www.OnGuardLL.com)