

DEALER AUTO TAP AUTHORIZATION FORM

DATE: _____

DEALER # _____

DEALER NAME: _____

BANK ACCOUNT WITHDRAWAL (ACH)

NAME ON BANK ACCOUNT: _____

YOUR ADDRESS: _____

BANK NAME: _____

ABA/ROUTING #: (9 digits) _____

ACCOUNT # _____

DATE TO TAP: 15TH 30TH
(Please choose one)

AUTHORIZATION

By signing below, I authorize COPS Monitoring to automatically withdrawal funds from my above requested account to pay my monitoring invoice. I understand it is my responsibility to review my invoices and notify COPS Monitoring of any discrepancies or issues. I understand that if my ACH is returned, I will incur a \$25 fee. If my ACH returns 3 months in a row, I understand I will be removed from auto tap.

SIGNATURE: _____

PRINT NAME: _____

PHONE: _____

Please Note: ACH processing of invoices is always available at no cost. Payments made with a credit card will accrue a 1.25% convenience fee that will appear on the following month's invoice.

FAX OR EMAIL BACK TO: 856-728-6294 ACCOUNTING@COPSMONITORING.COM
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