

# Pre-Authorized Payment

Automatic monthly withdrawals from your bank account  
To

## Strike Alarms and Security Ltd.

5998 Sawmill Road, Oliver, BC. V0H 1T0  
Po Box 896 Oliver, BC. V0H 1T0  
Office 250-485-4366 Fax 778-439-2166

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I/We (name), authorize Strike Alarms and Security Ltd to debit the account below to pay the agreed monthly charge of \$ \_\_\_\_\_ per month on the \_\_\_\_\_ day of each month or the next business day.

Effective Start Date: \_\_\_\_\_ , \_\_\_\_\_  
(Month) (day) (year)

Name(s) of Payor: \_\_\_\_\_  
(please print)

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Phone No. of financial Institution: \_\_\_\_\_

\_\_\_\_\_  
(Transit Number)

\_\_\_\_\_  
(Institution Number)

\_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Authorized Financial Institution Employee Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Financial Institution Employee Signature)



(Must Have Teller Stamp)

You may cancel this pre-authorized agreement at any time giving your financial institution AND Strike Alarms and Security Ltd a minimum of 30 days written notice.

Thank you for your Business

Accounts Manager email: [marnee@strikealarms.ca](mailto:marnee@strikealarms.ca)