



PARAGON MONITORING CENTER

217 MAIN STREET SE ALBANY, OREGON 97321
866-WE MONITOR 866-936-6648 FAX 877-849-9068
www.wemonitor.org "Our business is monitoring your business"

Est. 1984

Consumer Authorization for Automated Debit Entries

Authorization Agreement for Automated Payments

Company Name: **Paragon Monitoring Center** ("Company" - a dba of *Martinvest, Inc.*)

I/We hereby authorize **Paragon Monitoring Center** (name to appear on statement as *Martinvest, Inc.*), to initiate debit entries to my/our (select one)

_____ Checking account Dealer Name _____

_____ Savings account Dealer Acct. # _____

at the financial institution named below ("**Bank**"), to debit same to account.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing (ABA) No. _____ Account No. _____
(The ABA number is found between these symbols (|: |:) on the bottom left of your check.)

This authority is to remain in full force and effect until Company and Bank 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 Bank a reasonable opportunity to act on it.

Name(s) _____ Email Confirmation _____

Date _____ Signed _____

Date _____ Signed _____