



CALIFORNIA SAFETY COMPANY, INC.

Newsletter January 2020

License Information: ACO7695 & 266257/C-10 ELECTRICAL

www.californiasafety.com

Phone (530) 243-2521

PO Box 990956, Redding, CA. 96099

REMEMBER: It is convenient and easy to pay your bill, make changes and schedule service on our website.

Having trouble or want information on your alarm system? Our website has downloadable user manuals for your alarm.

Go to www.californiasafety.com for more information.



Tips on Securing Your Home & Belongings

1. Don't provide places for burglars to hide. Keep your bushes and trees trimmed. Overgrown shrubs make an excellent hiding spot for potential burglars.
2. Deadbolts should be the primary lock on your exterior doors and should extend well into your doorframe.
3. Install outdoor motion lights. A well lit home and yard is less likely to attract the attention of a burglar.
4. Consider purchasing a safe for storage of your important papers and valuable belongings. Make sure it is securely fastened to the floor or the wall so it cannot be taken.
5. Check your windows. Make sure they lock securely. In older windows the locks become unaligned and do not lock properly.
6. Make sure your alarm stickers and alarm signs are visible and in good shape. If you need new stickers or signs, please call our office.

IMPORTANT NOTICE REGARDING CELLULAR COMMUNICATORS

Please be advised that all GSM 3g/4g cellular communicators are scheduled to sunset starting 1-1-2020. This process may take some time, but it is imperative that these communicators are changed to an LTE (long term evolution) version before that happens.

If these communicators are not changed, your alarm system will no longer be able to send signals to the central monitoring station, when the 3g/4g communicator is discontinued.

For a limited time, we are offering our cost on the parts and no labor charges for the change over, with a new agreement. We will not be able to offer this price for much longer, and our appointment slots are filling up quickly.

Please contact our office for further information (530) 243-2521.

FIRE AND SECURITY SYSTEM CUSTOMERS

If you are interested in disconnecting your expensive telephone line and going with a cellular or internet communicator, we have a very affordable plan available, which is much less expensive than your current telephone line fees. Call us anytime for a free estimate (530) 243-2521.

CALIFORNIA SAFETY COMPANY, INC.

P.O. Box 990956, Redding, CA 96099

(530) 243-2521

ACH Recurring Payment Authorization Form

With our Automatic Recurring Payment Plan, your monthly payments can be scheduled to be automatically deducted from your checking account or charged to your credit/debit card. For customers that would like this payment option, complete and sign this form to get started!

Automatic Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
•Your payment is always on time, even if you're out of town (eliminates late charges).

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account or your credit/debit. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank or credit card statement as a "Debit" and will reference our company name.

You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I authorize California Safety Company, Inc. to charge my bank account or credit/ debit card, indicated below, on the FIRST DAY of each MONTH for payment of my alarm system lease and/or monitoring fees. Annual, semi-annual, or quarterly fees will be drafted on their normal recurring date.

Monthly fee charged to my account will be in the amount of \$

Company Name (if applicable)

Billing Address Phone#

City, State, Zip Email

Bill Payer ID # (Please see attached invoice to locate your bill payer ID)

Account Type: [] Checking [] Visa/ Mastercard / Amex/ Discover

Name on Acct/Card:

Card #: Exp: CVV:

Billing Address/City/ Zip:

Bank Name:

Account #: Routing #:

Bank City/State:



RETURN VOIDED CHECK WITH THIS AUTHORIZATION.

SIGNATURE

DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify California Safety Company, Inc., in writing, of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account or card as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that California Safety Company, Inc. may, at its discretion, attempt to process the charge again within 30 days and agree to an additional \$15.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.