

SECURITY • FIRE • CCTV • ACCESS • SOUND • WIRE & CABLE • HARDWARE & ACCESSORIES

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## Information Release AUTHORIZATION Form

I,		, authorize the release of the information that	
Signature ^		follows to The Security Source, Inc.	
Please PRINT Name above ^		Title	
Account Information Req	uest		
Date:			
Bank Name/City	Contact	AC/Phone	Fax
Company Name/City		AC/Phone	Fax
Account Number		Transit Routing Number	
— Informat	ion below here is t	to be provided by the bank	_
Date account opened:		Average daily balance:	
Number of NSF's:			
Comments:			
Information provided by ^		Title	Date