Girsh Alarm Co, Inc.
8035 Old York Road
PO Box 29780
Elkins Park, PA 19027-9780

215-782-9911 *phone*
Service@GirshAlarm.com *email*

Request to discontinue central station services; page 1 of 2. Both pages required.

1. **Client info**. Name: _____

Billing account #(s) _____ OR __all accounts at this address OR __all accounts with the name listed above

site address: _____ OR __all accounts with the name listed

_____

requested by: _____

phone #: _____ - _____ - _____ cell 1 _____-_____-_____ cell 2 _____-_____-_____

e-mail 1_____ e-mail 2_____ fax#: _____ -_____ - _____

2. **Please discontinue monitoring of the following central station services:** (Use 1 form per system)
__ **ALL SIGNALS for __burglar alarm __fire alarm __access control __ video surveillance __other** _____
__ **Or the following specific signals:** _____ OR __all accounts and all signals
Please note that there may be a fee to re-program the system to stop sending signals or to come remove equipment.

3. **Please discontinue these services on or after ____/____/____.**
I understand that Girsh Alarm Company, Inc. owns the communication software for the equipment; I give permission to Girsh Alarm to change the software or remove the chip at any time using any means necessary.
I understand that if the system continues to send signals, it may be considered to be theft of services.
I understand that I may have a contractual obligation to continue paying for these services. I understand this is true even if I change companies or am not using the services.
I understand that if equipment is leased or rented, it is my responsibility to make arrangements to have the equipment removed and returned to Girsh Alarm.

4. **Please discontinue these services for the following reason(s):**
__ (1) moving
__ (2) changed to another company
__ (3) other: _____
__ (4) **temporary * disconnect**
My settlement date is scheduled for ____/____/____. I'm scheduled to move out of the property on ____/____/____.
I would like to reconnect * and continue central station services on ____/____/____.

5. **The buyer of the property is:** (mark here if not applicable: ___)
name _____ home ph#_____ cell 1_____
email_____ work ph#_____ cell 2_____

6. **If you have recently received an invoice for the next year, please pay it in full now.**
Please be aware that there may be an early cancellation penalty. See notes in #3 above.
How can you earn a credit? We may be able to give a pro-rated credit for services that can be used for monitoring provided by us anywhere in the country. The credit is fully transferrable. This is not a refund. The account must be in good standing and it must be cancelled with proper notice. In addition, when we you refer us to the people moving into your old property, you will earn an additional credit for the referral. **Please share your new mailing address and phone #s with us**:

address: _____ email_____
phone #s: home_____ cell_____ work_____

7. **Central station services are not transferable.** This service is personalized for each client. Monies paid for central station and for extended warranty plans may be transferable with permission from Girsh Alarm.

I am authorized to sign on this account. I understand that this information will be added to and become part of my dispatch agreement. I also understand that the police and fire authorities will not be notified of any signals if I indicated above to discontinue monitoring. I understand that my insurance company, local Fire Marshall, and other authorities may be notified of my request.

authorized by: _____ title:_____ date:____/____/____

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W:\Forms\client forms including client packet\cancelling central station services 2024-03 update with additional master file info 2026-03-09.doc

Girsh Alarm Co, Inc.

Request to discontinue central station services; page 2 of 2. Both pages required.

client name: _____

site address: _____

_____

Note #1: Clients: this form must be completed in full for us to process your request.
Note #2: Please check with your insurer and with your township or city before you cancel service.
Residential clients please note that the discount on your homeowner's insurance may pay for a portion of your central station services.
Commercial clients may need monitoring to meet code requirements. Central station services may be required for insurance coverage.

Girsh Alarm to complete this section. Clients – do not write in this area.

primary cs account #_____ corresponds to primary accounting #_____

additional CS acct # (s)_____ corresponds to add'l accounting #s _____
Girsh Alarm dealer # _____

Cancellation:

Two signatures of Girsh Alarm officers are required to cancel this account. I approve cancellation of this account:

Signature #1 **J.Girsh**: _____ Signature #2 **H.Girsh**: _____

Monitoring to be cancelled on ____/____/_____ C.S. dept. notified on ____/____/_____

__ Please delete and remove the account from the database as of "cancel" date above.

_**xx**_ **Please set the account to inactive and out of service. Remove it from billing as of "cancel" date above.**

The account name, address, and account number must match!

If they do not, notify us so we can clarify/correct the information. Do NOT cancel any account until all information matches.

Any special instructions or notes:

Any alternative communication service (radio, cellular, internet, etc.): service cancelled on ____/____/____ by _____

C o l l e c t i o n n o t e s :

Initial as you have completed the following tasks

_____ I have put the accounts on "no action" for 30 days. _____ I checked "on hold" in account database.

_____ I checked "no job" warning box. _____ I pulled the file.

Have we recovered any equipment we own? __yes: returned by client on ____/____/_____ __none

__No. Value is $_____. Notes: _____

The amount due under the balance of the contract is: $_____

Client has paid thru the month of ____/_____. Month/ year they become a customer was _____/_____

Contract is valid thru end of month of ____/_____ Did client satisfy terms of contract? __yes ___no

What is the dollar value of service they received and did not pay for (if any)? $_____

Were they enrolled in EWP? __no ____yes; thru ____/_____ Was EWP paid for in the current period? __yes __no

Total monies owed by customer at time of request to cancel: $_____. Are any credits due customer? __no. Yes: $_____

Final statement sent to client on____/____ Final payment rec'd of $_____ rec'd on____/____

Uncollected amount (if any): $_____ Are outstanding monies collectable by us? __yes __no

Are we sending this to our collection company? __yes __no **To our collection attorney? __yes __no**

To Small Claims Court? ___yes __no Is the system still sending signals? ___yes ___no

Are outstanding monies uncollectable? Amount? $_____ Why? _____

Issued credits in billing program on ____/____/____ Total credits were $_____

Added "was" in front of name on ____/____/____ Changed account type to "deleted" on ____/____/____

Added an "end" date to recurring billing on ____/____/____ Added cancellation info in "notes" on ____/____/____

Manager's approval to put file with "deleted" accounts: initial _____.

File to be shredded on or after (month/year) ____/_____

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