



## MONITORED ACCOUNT UPDATE FORM

Date: \_\_\_\_\_ Account Number (if available): \_\_\_\_\_

Name of Authorized Account Holder: \_\_\_\_\_

Address of change: \_\_\_\_\_

**\*NOTE: PLEASE SEND ALL UPDATE FORMS DIRECTLY TO THE MONITORING STATION: [ecsinfo@armcom.ca](mailto:ecsinfo@armcom.ca)**

### PASSWORD FIELD

*Please add a password to authenticate the user accessing the system so the monitoring operator can verify who they are speaking to.  
You can also use the users 4-digit keypad code as your password.*

### CONTACT LIST

A=Add D=Delete

NAME - FIRST/LAST	PHONE NUMBER	PASSWORD	A	D

### KEY HOLDER LIST

A=Add D=Delete

NAME - FIRST/LAST	USER#	PASSWORD	A	D	SPECIAL NOTES