

AUTOMATIC PAYMENT

This will give your bank permission to pay our bank each quarter without you having to worry about writing and mailing checks. Or, if you prefer, you can charge your monitoring fees to your credit card. We accept Visa, MasterCard, American Express, and Discover. Complete the form below and return in the enclosed envelope to sign up for Automatic Payment Service.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I hereby authorize **Home Security Systems, Inc.** to notify my bank through the Electronic Funds Transfer process, to transfer the amount as specified below to their bank. I understand this amount will show up on my bank statement for the purposes of payment and amount verification.

Customer Name: _____

Address: _____

City: _____ Phone: (____) _____

Your Bank Name: _____

Your Bank Account #: _____

Bank Routing #: ! : _____ ! :
(9 characters at bottom of your check between above symbols)

Please Deduct Payment Amount of: \$ _____.

Period: 1 time per quarter, beginning with the month of _____, 20 .

I understand this authority is to remain in full force and effect until **Home Security Systems, Inc.** has received written notification from me of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment of the debit entry (deduction) by written notification delivered to **Home Security Systems, Inc.** ten (10) business days or more before this payment is scheduled to be made.

Signature: _____ Date: _____, 20 .

Attach a voided check below.

The Automated Clearing House (ACH) division of the Federal Reserve Bank says electronic funds transfer (EFT) is by far safer and more secure than writing a check. EFT is tracked and governed by the ACH. It is transmitted in an encrypted format while a check passes through an average of 11 people who have access to all of your bank account and personal information.

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CREDIT CARD PAYMENT

To automatically pay by credit card, select one of the following:

- VISA MasterCard American Express Discover

Credit Card #

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Expiration Date

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MO

YR

Name on card: _____

Signature: _____