

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Choose a Payment Method:**

**AUTHORIZTION AGREEMENT FOR AUTOMATIC DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize **RID SECURITY SYSTEMS, INC. DBA PROTECH SECURITY SYSTEMS,** hereinafter called (COMPANY), to initiate debit entries to my (our)  **Checking Account /  Savings Account** (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR:**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CHARGE CARD PAYMENTS**

I (we) hereby authorize **RID SECURITY SYSTEMS, INC. DBA PROTECH SECURITY SYSTEMS,** hereinafter called COMPANY, to initiate charges to my (our) Charge Card indicated. I (we) acknowledge that the origination of transactions to my (our) account must comply with the provisions of U. S. law.

Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Billing Address:

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Visa [ ] MasterCard [ ] Discover **(Select One)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Three Digit Code (back of card):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Automatic payment authorization: For Value received and professional services rendered, I (we) agree to pay on the first (1st) day of the month (if a business day, if not the preceding business day) beginning on the first (1st) day of the first billing cycle of monitoring/service (bill cycle as marked on the Installation/Services Agreement) all recurring charges plus applicable tax for the contract term or until the total balance due is paid to Protech Security Systems. (Installation and non-contracted billing will require direct authorization.) The (1st) day of the month is the invoice generation date and all automatic payments are processed immediately upon invoice generation.

I (we) understand that my payments automatically renew at the same time as my Protech Security Systems Installation/Service Agreement. **All declined payments are subject to an additional $20.00 charge.**

**SIGNATURE SECTION:**

**This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.**

|  |
| --- |
| Protech Security Systems  98 Savannah Gardner Road  New Castle, PA 16101  Phone: (724) 652-4649 |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PLEASE PRINT)**

**Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**