

AUTOMATIC DRAFT AGREEMENT

NAME _____ HOME PHONE _____

ADDRESS _____ CITY, ZIP _____

Please choose either credit card or checking account authorization

To stop Automatic Draft – Please mail us written notification 30 days prior to cancellation date

_____ AUTHORIZATION FOR RECURRING CREDIT CARD TRANSACTIONS

FOR MONITORING SERVICE ONLY (any service or equipment charges will be billed separately)

I (we) hereby authorize SMITH THOMPSON SECURITY to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our Credit Card account indicated below. This authority is to remain in full force and effect until SMITH THOMPSON SECURITY has received written notification to terminate authorization. I understand and agree that **my Credit Card account will be charged \$ _____ between the 7th and 15th of the first month of my current quarter.**

CIRCLE ONE: MasterCard – Visa – Discover – American Express

Account Number: _____ Exp. Date: _____

Account Holder Name: _____ Billing Zip Code: _____

Signature: _____ Date: _____

_____ AUTHORIZATION FOR CHECKING ACCOUNT TRANSACTIONS

FOR MONITORING SERVICE ONLY (any service or equipment charges will be billed separately)

I (we) hereby authorize SMITH THOMPSON SECURITY to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our Checking/Savings account indicated below and further authorize the financial institution listed below to debit and/or credit the same to such account. This authority is to remain in full force and effect until SMITH THOMPSON SECURITY has received written notification to terminate authorization. I understand and agree that **my Checking/Savings account will be charged \$ _____ between the 7th and 15th of the first month of my current quarter.**

Bank Name: _____ Checking Acct. Savings Acct.

City: _____ State: _____ Zip: _____

Phone Number: _____

Transit / ABA #: _____ Account #: _____

Account Holder Name: _____

Signature: _____ Date: _____

VOIDED CHECK MUST BE ATTACHED

COMPANY USE ONLY: CSID _____ Form Rec'd _____

MK _____ VT _____ Start Date _____ End Date _____