



AUTO PAY PLAN

Have your payments automatically paid from your checking account or charged to your credit card.

Client/Business Name _____ Customer Number _____

Contact Name (if not the same as above) _____

Address: _____ Day Phone _____

City, State, Zip Code _____ Alternate Phone _____

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Please enroll me in the CHECKING AUTO PAY PLAN.

Bank Name _____ Routing # _____

Bank Account # _____ Savings Checking

Name on Account _____

Signature _____ Date _____

I would like to receive EFT reminders on the first of the month before my automatic deduction.

I have enclosed voided check to have my payments automatically paid from my checking account.

- OR -

Please enroll me in the CREDIT CARD AUTO PAY PLAN.

Payment Method: Visa MasterCard

Card # _____ Expiration Date _____

Name: _____ Billing Zip Code _____

(as it appears on card)

Security Code _____

Signature _____ Date _____

I would like to receive EFT reminders on the first of the month before my automatic deduction.

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Please Note: Your payments will be deducted on the first and posted to your account within seven business days for checking/savings account and three business days for credit card transactions.

**Mail this form (with voided check if appropriate) to:
Alarm Design Systems, Inc., 3911 Wildwing Drive, North Tonawanda, NY 14120**