

Q Security Solutions E-Z Pay Plan

_____ I hereby authorize Q Security Solutions to electronically withdraw my monthly monitoring service payment directly from my below listed bank account.

_____ I wish to decline the E-Z Pay Plan option for paying my monthly monitoring service payment.

Name of Client _____

Bank Name _____ Routing No. _____

Bank Address _____

___ Checking Account ___ Savings Account Account No. _____

Subject to the following conditions:

1. The item shall be drawn on or about the 1st day of each month.
2. The privilege of making payments under this plan may be revoked by Q Security Solutions if any item is not paid upon presentation.
3. This plan, if cancelled does not release you from your obligation.
4. A service fee will be assessed for any electronic draft returned for insufficient funds or any other reason. Q Security Solutions reserves the right to draft via Electronic Funds Transfer all amounts owed by the member including any and all late fees and service fees.
5. This E-Z Pay Plan may be cancelled by the client any time provided a written notice is delivered to Q Security Solutions at P.O. Box 495, Mexico, MO 65265 15 days prior to date. No refunds shall be given for partial months.

Authorized Signature

Date

Please attach a Voided Blank Check