



AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS

I (we) hereby authorize Northeast Security Solutions, Inc., hereinafter called COMPANY, to initiate debit or credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit or credit 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.

This authority is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I also understand that I may incur a service charge if any payments bounce.

PLEASE PRINT LEGIBLY

_____		_____	
Print Authorized Account Owners Name(s)		Signature(s)	
_____		_____	
Date	Telephone #	Business Name (If Applicable)	
_____	_____	_____	
Email address			

Checking/Savings Account (Please attach a copy of a voided check)

(Financial Institution Name)	
_____	_____
(Routing Number)	(Account Number)

Type of Account: ___ Checking ___ Savings

OR Credit/Debit Card (Note: We do not accept Discover Card)

_____	_____	_____	_____
(Type)	(Number)	(Expiration)	(CVC#)

(Card Billing Address & Zip Code)			

**Upon submission of this form, your billing cycle will be changed to monthly.
Please mail form to: Northeast Security Solutions, 33 Sylvan St, West Springfield, MA 01089**