



**Alliance Security of Ottawa  
Pre-authorized Payment Plan**

Want to pay your monitoring bill on time – and  
save even more time and money?

<u>Pay your monitoring bill the hassle free way</u>	<u>How do I convert to P.A.P.?</u>
<p>With our Pre-authorized Payment Plan your payment is made automatically on the payment due date – and you don't even have to sign the cheque.</p> <p><b>P.A.P.</b></p> <p><u>Saves Money</u> – You pay monthly not a full year in advance. Forget about buying stamps, incurring late payment charges and reduce your bank bill payment costs. Also it's cheaper than most cheques.</p> <p><u>Save Time</u> – Forget about writing cheques or making trips to the bank or post office to pay your bills.</p> <p><u>Save Worry</u> – Forget about cheques that get delayed in the mail or about missing your payment due date because you are on vacation, out of town or sick.</p>	<ul style="list-style-type: none"> <li>- Complete and sign the enrollment/ authorization form below</li> <li>- Attach your personal blank cheque marked VOID.</li> <li>- Mail the enrollment/authorization form and void cheque to our office, along with this month's payment.</li> </ul>

**Terms and Conditions**

<p>I(we) authorize the payee to debit my(our) Account as indicated on the attached "void" cheque under the terms and conditions agreed to by me(us) with the payee until such time as written 90 days notice to the contrary is given.</p> <p>I(we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me(us) to the branch of the financial Institution at which I(we) maintain an account and that such financial Institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged. I(we) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.</p>	<p>Items charged under any of the following conditions will be reimbursed subject to written notification by me(us) to the branch of account within 90 days.</p> <ul style="list-style-type: none"> <li>a) I(we) never provided authorization to the payee.</li> <li>b) The pre-authorized debit was not drawn in accordance with my(our) authorization.</li> <li>c) My(our) authorization was revoked.</li> <li>d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.</li> </ul> <p>I(we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.</p>
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(Please cut along line and mail in) \_\_\_\_\_

**P.A.P. Enrollment/Authorization Form**

Name(s) \_\_\_\_\_

YES! I want to join &  
Enclose my void cheque

Address \_\_\_\_\_

Account# \_\_\_\_\_ Phone: \_\_\_\_\_

I(we) authorize Alliance Security Systems Inc. to arrange automatic deductions from my (our) bank account for the amount of \_\_\_\_\_ on the first of each month starting \_\_\_\_\_ for payment of my (our) monitoring account. The sample cheque marked "void" will provide us with the information necessary to begin the automatic deduction. Your account must have chequing privileges. Please show signature(s) below as required on cheques issued against this account.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Tel: 613-860-0396

Fax: 613-860-0396

e-mail: admin@allsecure.com