



Personal Alert Solutions

PRE-AUTHORIZED PAYMENT PLAN DIRECT DEBIT INFO

Subscriber Name:

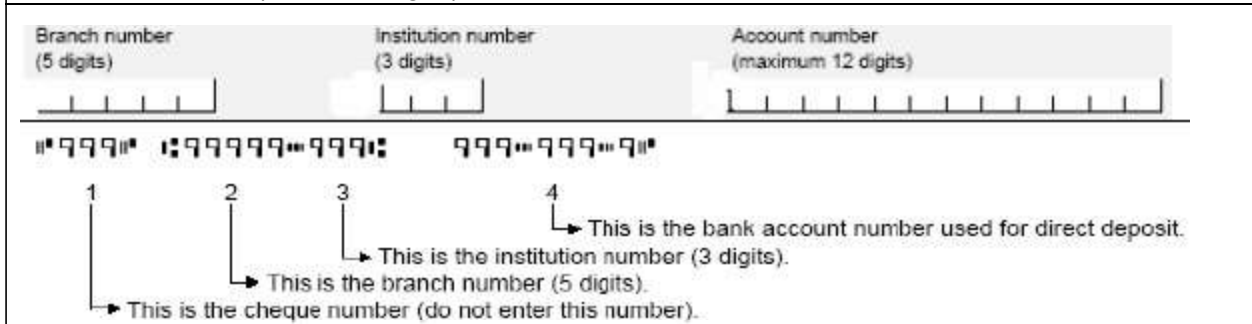
Financial Institution Name:

Branch Address:

Branch Number: (5 Digits)

Institution Number: (3 Digits)

Account Number: (max. 12 Digits)



Billing Period Commences: (first of month)

CREDIT CARD INFO (if method of payment differs from above)

Card Holder Name:

Card Type:

Card #

Expiration: /

CCV

AUTHORIZATION

I hereby agree to pay the activation, subscription and service fees as listed in this document. I authorize Red Dot Alerts to debit the bank account or bill the credit card identified above for the amounts documented in this agreement. The amount may be subject to future increase with 15 days written notification with cancellation options. I hereby acknowledge that I have read and understood the terms and conditions of the Red Dot Alerts Service Agreement.

X _____

Signature of Account Holder

Date _____