

# Sign Up for Automatic Withdrawal Through Our Direct Pay Plan and Receive 1 Month of Monitoring

# FREE!\*

## Safer, Faster, Smarter!

To have your monthly payment automatically paid from your checking account or charged to a credit card, please fill out the appropriate sections, sign and fax or mail the completed form to Callaway Security & Sound, Attn: Automatic Payment, 1015 Nine North Drive, Suite 100, Alpharetta, GA 30004. FAX: 678-366-0905. Phone: 770-395-9692.

The Automatic Payment Plan applies to quarterly, semi-annual or annual service fees and does not apply to other charges. Your account will be automatically debited on each due date under the terms of your agreements. The due date is the 1st of the month following the invoice date.

### Automatic Withdrawal Authorization

I understand that this authorization will be in effect until I notify Callaway, in writing, that I no longer desire this service allowing thirty (30) days to act on my notification. I also understand that if corrections in the debit amount are necessary, my payment will change. I have the right to stop payment of a debit entry by notifying my financial institution at least three (3) business days before the account is scheduled to be charged. The transactions authorized by this agreement are subject to the Electronic Funds Transfer Act. Other rights and responsibilities are described in disclosure available from my financial institution.

# Direct Pay Plan

\* Free month applies to monitoring charges only. One time offer per location. Customer must pay first month to receive the second month free. Promotion does not apply to customers who are required to have direct pay due to their credit score. The free month will be charged back to customer's account if direct pay is cancelled within 12 months. Excludes all other charges.

## CALLAWAY SECURITY & SOUND

Print and fax or mail this completed form to:

CALLAWAY SECURITY & SOUND  
1015 Nine North Drive, Suite 100  
Alpharetta, GA 30004

Phone: 770-395-9692  
FAX: 678-366-0905

**1 This is my authorization to Callaway, Inc. to automatically charge my account.** (check only one)

**Checking or Savings\*** Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_  
Account #: \_\_\_\_\_  Checking  Savings

\*If you selected checking, send this form along with a VOIDED check and the return portion of your bill.

**Credit Card** Card Type:  VISA  M/C  AMEX  DISCOVER  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
(as it appears on card)

**2 Please tell us about your Callaway account.**

If name is different from contract name, please give name on contract here: \_\_\_\_\_

Explain your relationship to the name on contract: \_\_\_\_\_

**3 Under the terms of my contract I am currently billed:** (Check only one)  Quarterly  Semi-Annually  Annually

Customer Account #: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Day of the month preferred for Account Withdrawal: \_\_\_\_\_  
(Must be 1st through 28th)

Monthly Monitoring Amount: \$ \_\_\_\_\_

Name (Please Print)

Signature

Date

CALLAWAY SECURITY & SOUND