



Automatic Payment Plan Authorization Form

Protection Networks strives to continually create a no-hassle security experience for you. It is with this 'customer-focused' mindset that we are announcing our newest way to keep your account up-to-date and your safety made certain.

Automatic Payment Plan, is a convenient way for you to maintain your account and ensure your service is uninterrupted with Protection Networks.

Please take a minute to complete this form and then mail it to us or you can fax in your authorization and receive immediate action on your account.

My signature below authorizes Protection Networks to charge my credit card:

(Please Check Below)

- Yearly Billing \$ _____
- Quarterly Billing \$ _____
- Installation Charge \$ _____
- One Time Billing
Or
- Automatic Billing Each Cycle

(Please circle one)

Visa MasterCard American Express Discover

Card Number: _____

Name on Card (Please print) _____

Expiration Date: _____

Please verify address credit card bill is mailed to: _____

Customer Signature

Date

**I will notify Protection Networks in writing of any changes.*

Mail this form to:

**Protection Networks, 4887 Alpha Road, Suite 200, Dallas, Texas 75244-4632
or Fax to: 214-348-1972, Attn: Christopher Geymuller, President**