

Authorization Agreement for Direct Debits

(ACH Debits)

I hereby authorize **Detect-All Security Inc.**, hereinafter called COMPANY, to initiate debit entries to my checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. I ensure sufficient funds are in my account. If the necessary funds are not on deposit in the account, I understand that I will be subject to additional fees. I will promptly notify Detect-All Security, Inc. of any change to my account and that it is my responsibility to provide Detect-All Security, Inc. with the current information. This authority is to remain in effect until either I revoke it by giving 30 days prior written notice to Detect-All Security, Inc.

Bank Name: _____

Bank Routing Number (ABA): _____

Bank Account Number: _____
_____ Checking Account _____ Savings Account

This authorization is for (circle one) quarterly, semi-annual or annual fees beginning _____, 2005, and is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Account Number: _____

Signature: _____ Date: _____

WHERE TO FIND YOUR BANK NUMBERS: