

TRI ☆☆☆ SECURITY
COMM SERVICES, INC.

We are pleased to offer you the Quarterly Monitoring Direct Payment Plan this has been in effect since January 2008. Now you can have your payment made automatically from your checking or savings account free of charge. And, you won't have to change your present banking relation ship to take advantage of the service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write
- Helps meet your commitment in a convenient and timely manner- even if you are on vacation or out of town
- No lost or misplaced invoices, your payment is always on time
- It saves postage
- It is easy to sign up for, easy to cancel
- No late charges

Here's how the Direct Payment Plan works:

The direct payment plan will be on a quarterly basis, the same as we are currently billing. We will debit your account on the 10th of the month starting next quarter January 10th 2008. The auto debit dates will be Jan 10th, Apr 10th, July 10th & Oct 10th. In advance of your account being debited you will receive a quarterly invoice informing you of the date your account will be debited so you can record the amount in your checking/savings register. Proof of payment will appear with your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Tri Communications Security Services, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) _____ (Branch) _____

(City) _____ (State) _____ (Zip Code) _____

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____
(Between these symbols : : on the bottom left of your check)

(Signature) _____ (Date) _____

(Name – Please Print) _____

Staple Voided Check Here:

Please Return This Form To:

Tri Communications Security Services Inc. • PO Box 734 • St. Cloud MN 56302-0734
Toll Free: (800) 450-6035 • Office: (320) 251-6035 • Fax: (320) 252-8254 • www.tri-security.com

An Alarm & Communications Contracting Company