

PROTECTION UNLIMITED, INC.
P.O. Box 2410
Cordova, TN 38088
(901) 754-6510

PUI Acct # or Password: _____

ACH RECURRING PAYMENT AND CREDIT CARD AUTHORIZATION FORM

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking, savings account, or credit card. You will be charged the amount indicated below each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ authorize PROTECTION UNLIMITED, INC.
(full name)

to charge my bank account or credit card indicated below on the 1st, 10th, or 20th of each (choose one)
day/date

Month for payment of my Monthly Fees
month Insert type of bill

in the amount of \$ _____.

Billing Address: _____

Email Address: _____

Select payment method below:

AUTOMATED ACH FROM BANK ACCOUNT PAYMENT: (please include voided check)

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PROTECTION UNLIMITED, INC. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account, or charged to my credit card, on the above noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that PROTECTION UNLIMITED, INC. may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of recurring transactions to my account must comply with the provisions of U.S. Law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. I agree that an ACH or credit card denial will constitute a breach of my payment obligation in my agreement with PROTECTION UNLIMITED, INC.

AUTOMATED CREDIT CARD PAYMENT:

Credit Card #: _____ Expiration Date: _____ Security Code: _____
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> _____
Cardholder's Name (As it appears on credit card): _____
Billing Zip Code: _____ Email Address: _____

SIGNATURE _____

DATE _____