

AUTHORIZATION

Payment by Direct Debit

Payee

Name Securitas Direct Sverige AB	Organization Number 556153-2176	Bank Giro Number 788-5700
Street, PO Box Box 2511	Zip Code, City 580 02 LINKÖPING	Telephone Number 013-31 77 80

Payer

Securitas Direct Sverige AB Customer Number	
Name	A/C holder's personal ID/org. no. ¹
Street, PO Box	Zip Code and City
Email address	Daytime Telephone Number

The transfer will take place to the designated bank account

Clearing No. ²	Bank Account Number	Bank where account is held
---------------------------	---------------------	----------------------------

¹ If you do not have a Swedish Personal ID number, state your 10 digit "fictitious" personal ID number, obtained from your bank

² The clearing number is the four-digit number assigned to each bank branch; see your bank statement

The subscription fee is paid monthly on the last day of the month. No notification takes place.

I am a business customer and wish to be notified. Withdrawal and notification takes place on a quarterly basis.

NOTE! It is very important that it is the account holder's personal ID number/organization number¹ that is stated on the form

I have understood and agree to the conditions for Direct Debit (see appendix)

Place and date	Account holder's signature
----------------	----------------------------

Please fill in the authorization form and return it to the above address.

If you have any questions, ring Securitas Direct Sverige AB on 013 - 31 77 80 or email ekonomi@securitasdirect.se

Invoices that have already been sent will not be paid via Direct Debit

CONDITIONS FOR PAYMENT BY DIRECT DEBIT

Payment via bank account to Securitas Direct Sverige AB (hereafter the Payee)

Authorization to payment by Direct Debit

I, the undersigned payer, authorize withdrawals to be made from my designated bank account at the request of the designated payee for payment by Direct Debit. The bank where the account is held is not required to request authorization from or to notify the payer in advance of requested withdrawals. Charges will be deducted from the payer's account according to the rules of the bank where the account is held. The payer will receive notification of withdrawals from the bank where the account is held. The authorization can, at the request of the payer, be transferred to another account at the same bank or to an account at another bank.

For withdrawals, the following also apply

The payee may request withdrawals from the payer's account on the due date

- if the payer at the latest eight working days before the due date has received notification of the amount, due date and payment method, or
- if the payer approved the withdrawal in connection with a purchase or order of goods or services.

The payer should ensure that sufficient funds are present in the account for payment on the due date. If the account balance is not sufficient for payment on the due date, the payee may make further attempts at withdrawal during the following working days, amounting to at most one week. Information regarding the number of withdrawal attempts will be provided by the payee.

The payer can stop

- a single withdrawal by contacting the payee at the latest two working days before the due date,
- all withdrawals relating to this authorization by contacting the payee at the latest two working days before the due date.

The authorization is valid until further notice. If the payer wishes to revoke the authorization, he can do this by contacting either the bank where the account is held, or the payee. The authorization ceases at the latest five working days after the termination notice has been received either by the bank where the account is held, or by the payee.

The bank where the account is held and the payee have the right to terminate the Direct Debit agreement thirty days after either the bank where the account is held or the payee have informed the payer thereof. However, the bank where the account is held and the payee have the right to immediately terminate the payer's Direct Debit agreement if on repeated occasions the payer has not had a sufficient account balance on the due date or if the account to which the authorization applies is terminated.