

**AUTOMATIC BILL PAY**

Customer Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**CREDIT / DEBIT CARD**

Type of Card:  Master Card  Visa  Discover  
Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_  
Driver's Lic / State ID Number \_\_\_\_\_

Amount to Charge:  
Equipment: \$ \_\_\_\_\_ (Includes Labor)  
Monitoring: \$ \_\_\_\_\_  
 Recurring: \$ \_\_\_\_\_ per \_\_\_\_\_

**ACH**

Please attach a copy of a voided check.

Type of Account:  Checking  Savings  
Name on Check \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Name \_\_\_\_\_

Amount to Charge:  
Equipment: \$ \_\_\_\_\_ (Includes Labor)  
Monitoring: \$ \_\_\_\_\_  
 Recurring: \$ \_\_\_\_\_ per \_\_\_\_\_

Draft Date (Circle One): 5th 10th 15th 20th 25th

I authorize Company or its assignees to perform an Electronic Fund Transfer ("EFT") from my bank account or make charges to my credit card in the amount specified above and on a recurring basis if so indicated. I also authorize EFT and/or charging of all past-due amounts, trip and service fees, accelerated amounts due under the monitoring contract or any other amount which may accumulate as a result of doing business with Company.

Signature \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_