

AutoPay Authorization Form



Allied Fire & Security now offers two easy ways to make your monthly payment.

AutoPay allows two methods to pay your bill without ever writing a check – at no additional charge!

With a one-time enrollment, your recurring payments can be either sent directly from your financial institution to AutoPay or directly debited to your credit card – on time, every month, safely, conveniently, and automatically.

The Most Secure Way To Pay

When you pay your bill with AutoPay, Federal consumer safeguard regulations are even more stringent than when you pay by check.

So whether you choose the checking account or credit card monthly payment feature, you will never need to worry about the security of your payment. Allied receives only the monthly amount you authorize – no hidden fees or costs. **Complete this form and mail it to our Spokane office:**

Allied Fire & Security
ATTN: Accounts Receivable
425 W. Second Ave.
Spokane, WA 99201

Name on Account: _____ Allied Acct #: _____

Address the checking account or credit card is **BILLED** To:

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Nighttime Phone: (____) _____

Customer Signature: _____ Date: _____

I understand that I am in full control of my payment, and if at any time I decided to make any changes or discontinue the Allied AutoPay service, I will call or write Allied Fire & Security. Change in payment methods will not affect other provisions and terms of my contract.

***PLEASE NOTE** that if your payment schedule is other than monthly, enrolling in this program will change frequency of payments to monthly. Your authorized checking account or credit card will be debited or charged on or about the 21st of the month.

By signing above, I authorize Allied Fire & Security to initiate a debit entry or credit card charge on a **MONTHLY** basis to my account at the financial institution indicated below. **Select a payment method below:**

Option 1 – Checking Account Transfer

(voided check must be enclosed)

Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

Option 2 – Credit Card Charge

American Express Visa
 MasterCard Discover

Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

Credit Card #: _____ - _____ - _____

Expiration Date: Mo. _____ Yr. _____

CVV (3- or 4-digit number on back of card): _____

(For Allied Office Use Only)

Allied Representative: _____ Date: _____

Branch: _____

Monthly Debit Amount: _____ Bill Day: _____ 21st _____