

AutoPay Authorization Form



The Most Secure Way To Pay

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

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

STEP 1 – Select Payment Method - Please, check all methods that you authorize for payment

Option 1 – Checking Account Transfer

(VOIDED CHECK MUST BE ENCLOSED)

Financial Institution Name _____

Option 2 – Credit/Debit Card

- American Express Visa
 MasterCard Discover

Credit Card #: _____ - _____ - _____

Expiration Date: Mo. _____ Yr. _____

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

STEP 2 – Type of Authorized Charges

- Recurring monitoring service based on agreement billing frequency (I understand change in payment methods will not affect other provisions and terms of my Monitoring Agreement.)
- Recurring preventive service maintenance based on agreement billing frequency (I understand change in payment methods will not affect other provisions and terms of my Service Agreement.)
- Service invoices (charged when service is requested and invoiced by Allied)
- Installation and/or purchase of new equipment (charged when equipment/system has been delivered and/or installed and invoiced by Allied.)

STEP 3 – Customer Information - Complete the information below

Name on Account: _____ Allied Acct. #: _____

Address the checking account or credit card is BILLED To:

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone (incl. area code): _____ Nighttime Phone (incl. area code): _____

Customer E-mail: _____

• By signing below, I authorize Allied Fire & Security to initiate a debit entry from my financial institution or a credit card charge (Indicated in Step 2 of this form) for the following: all monthly recurring monitoring and/or service agreements (I understand that my authorized method of payment will be **debited or charged on or about the 21st of each month.**)

• 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.

Customer Signature: _____ Date: _____

STEP 4 – Return completed form by mail or fax it to Allied Fire & Safety's Corporate office:

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

Fax: 509-321-8767

Questions? Call 1-888-333-2632

PRIVACY NOTICE: We treat your information as confidential. We maintain physical, electronic and procedural safeguards to protect information; these safeguards comply with applicable laws. Employees are required to comply with our established policies. We do not share or make available information we collect to nonaffiliated companies for the purpose of providing you with offers of products and services.

(For Allied Office Use Only)

Rev. 07/2014

Allied Representative: _____ Date: _____

Credit Memo #: _____ Amount of Credit: _____ Monthly Debit Amount: _____