

Automatic Payment Authorization

Customer Name: _____ **Customer Phone #:** _____
Customer Number (5 digit # on the upper right corner of your bill) _____

Credit/Debit Card Authorization:

Select card being used: Visa MasterCard Discover

_____ Expiration Date ___/___ Security Code _____
Credit/Debit Card Account # (3-digit code on the back of your card)

Name *exactly* as it appears on the card

_____ City _____ State _____ Zip _____
Card billing address

Authorized Signature

*****OR*****

EFT/Draft Authorization (payment through your checking account):

_____ Location (City, State)
Name of Financial Institution

_____ - - - - -
Financial Institution's Routing Number
(Look between symbols "⑈ ⑈" on your check)

_____ Date _____
Checking Account #

_____ Authorized Signature
Name on Account

PLEASE INCLUDE A COPY OF A VOIDED CHECK

****FOR CREDIT, DEBIT OR CHECKING ACCOUNT****
PLEASE SELECT ONLY ONE OPTION:
Option 1: I authorize East Texas Alarm to use the above information for **only** my future monthly monitor service invoices
Option 2: I authorize East Texas Alarm to use the above information for **all** invoices on my account, including monthly service, service calls, installations, etc.
*FOR EITHER OPTION CIRCLE THE DAY OF THE MONTH YOU WOULD LIKE YOUR PAYMENT PROCESSED: 1ST OR 15TH

Phone (903) 593-3225 Fax (903) 593-3061 email: heather@easttexasalarm.com

East Texas Alarm, Inc.
Attn: Heather Sorenson
315 S. Vine
Tyler, TX 75702