



# Credit Card & ACH Authorization Form

Customer Name: \_\_\_\_\_

Account # \_\_\_\_\_

CREDIT CARD

Name (as it appears on card): \_\_\_\_\_ Select Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ CSV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Alcom Security Systems, LLC to automatically charge this credit card for all services rendered.

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

ACH

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Alcom Security Systems, LLC to Automatically process an ACH Charge for all services rendered.

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

TERMS

I hereby authorize DEALER, agents, or assign to initiate monthly or periodic debit entries to my account at the above named depository. These monthly or periodic debit entries, which may vary from time to time, are being made under the terms of my alarm monitoring agreement with DEALER. I understand that I may terminate this EASY PAY authorization by notifying DEALER and the Bank in writing.

Electric funds transfer debits and/or credits from the account identified above for payments due or when applicable, apply electronic funds transfer credits to the same. Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (Non-Sufficient or Uncollected Funds), I authorize, Alcom Security Systems, LLC to collect a returned item fee of \$25.00 (or the maximum allowed by state law) per item by electronic debit from the same account identified above. For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution identified above. This authorization is to remain in full force and effect until DEALER has received written notification of its termination in such time and in such manner as to afford MERCHANT a reasonable opportunity to act on it or until the authorization expires. Any such notice should be sent to the address below.

CONTACT

**Fax or E-Mail this completed form to 405-732-9000/alcom@alcomsecurity.com**

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 Phone: 405-732-9000  
 Email: Alcom@alcomsecurity.com