

AutoPay Form (Credit / Debit Cards or Checking / Savings Accounts)

I hereby authorize Silent Guard to initiate automatic payments month from the account indicated below for payment of my monthly services. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will provide written notification to Silent Guard **10 days prior** to the next draft date.

Preferred Payment Date (check one) _____ 3rd _____ 20th _____ Other

Customer # _____ Customer Name _____

Address _____ City _____ State _____ Zip _____

Bank Name _____ Routing # _____ Account # _____

Card Type: MC VISA DISCOVER Exp. Date _____ Card# _____ CID# _____

I understand I will not receive a paper bill. Please provide your email address if you want a copy emailed.

Email address _____

Signature _____ Date _____

****Complete this form and return with your payment. If using your checking account you MUST send a voided check.****