



ALARM SYSTEMS

2681 Industrial Row Drive - Troy, MI 48084
(248) 559-7100 / (800) 589-7100 Fax: (248) 559-1322
www.vigilantesecurity.com

Pre-Authorization Payment Information Form

Automatic pre-authorization payment is a safe and convenient way to pay your monitoring bill. You'll never have to worry about missing payments or incurring late fees, even when you are out of town.

Choose to use a credit card or checking account to setup your payment. Your credit card will be charged automatically on the first day of your billing cycle. Checking accounts will be debited on the 25th of the month your payment is due. Invoices will not be mailed to you; your credit card or bank statement will be your receipt. If you wish to receive an invoice, you must provide an e-mail address so an invoice can be sent electronically.

Vigilante Security Customer # _____ **Email:** _____

Name: _____

Payment Type: Visa MasterCard American Express

Credit Card Account#: _____ **Exp Date:** ____/____ **CVC*** _____

Card Holder Name: _____ **Signature:** _____

Card Billing Address: _____

**Three digit number on back card (VISA & MC); four digit on front of American Express*

----- OR -----

Checking Account Payment: Business Personal

Name on Account: _____

Bank Name: _____

Account Number: _____

Bank Routing Number (9 digits): _____

ACH payments rejected for insufficient funds will be subject to a \$30.00 fee.

Please contact our Accounting Department if you anticipate changes that would affect your ACH or Credit Card payment such as changing banks, account numbers, or changes to your credit card information including expiration dates.

Please note that we maintain physical, electronic, and procedural safeguards to ensure that the integrity of your personal information. I authorize Vigilante Security, Inc. to instruct my bank or credit card institution to make my service payment from the account listed above. **I understand that this authorization may be revoked by me at any time, by providing Vigilante Security, Inc. 30 days written notice to discontinue automatic payments.**

Signature: _____ **Date:** _____

Mail this completed form to: Vigilante Security, Inc. Attn: Accts. Receivable, 2681 Industrial Row Drive, Troy, MI 48084, or fax to 248-559-1322 Attn: Accts. Receivable.
For Questions, call 248-559-7100, ext 230