

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

OFFICE USE  
ACCT # \_\_\_\_\_  
Monthly Amt \_\_\_\_\_

I hereby authorize Silent Guard to initiate automatic drafts on the 3<sup>rd</sup> of each 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.

Customer # \_\_\_\_\_ Customer Name \_\_\_\_\_

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

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Card Type: MC VISA DISCOVER Exp. Date \_\_\_\_\_ Card# \_\_\_\_\_ CID# \_\_\_\_\_

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

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