



A.L Secure & Tech Services

BILLING & PAYMENT AUTHORIZATION

SECURITY. CONNECTED.

Billing Authorization Form

SECURING YOUR FUTURE

Name

Address

City

State

Zip

Email (required*)

* All bills and statements are transmitted electronically via email

Amount

☐ Monthly

☐ Annually

Billing authorization method:

☐ Online - BillPay and PaymentNetwork:

I agree to receive my statement via email and assume responsibility for making my payments online in a timely manner. I understand that the emails will contain the necessary links to go online and process my payment. I further agree to maintain a valid and always working email and will notify A.L Security in the event of any changes to this email.

☐ Credit Card

Credit Card Information:

☐ Amex

☐ Visa

☐ M/C

Card Number

Exp. Date

Card Holder Name

Security Code

☐ Bank Draft (ACH)

Type of account:

☐ Checking

☐ Saving

Bank Name

Bank Routing Number (ABA)

Account Number

I authorize A.L Secure & Tech Services to charge my credit card OR automatically debit my bank account at the frequency selected above, the amount stated above for my alarm services. I understand that I must maintain a valid email to receive invoices, statements, and other communications from A.L.

Signature

Date