

CLIENT PAYMENT AUTHORIZATION FORM

Customer Name: _____

Account #: _____

Address: _____

Phone: _____

METHOD OF PAYMENT (check only one):

Credit Card

Visa

Discover

American Express

Mastercard

Name: _____

Acct. #: _____

Expiration: _____

Electronic Funds Transfer (EFT)

Checking

Savings

Name: _____

Routing #: _____

Acct. #: _____

Customer Signature

Date

My signature above authorizes Sonitrol to perform EFTs from my bank account or charge my credit card account, in the amount and frequency specified per my agreement with Sonitrol, as payment for services and permit fees.

Please print and fax or scan/email the completed form:
(812) 467-7236 / jsallee@sonitrolev.com