

**CIS**CENTRAL ILLINOIS SECURITY
A LEVI, RAY & SHOUP, INC. COMPANY**CREDIT/DEBIT CARD DIRECT PAYMENT AUTHORIZATION FORM**

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CUSTOMER INFORMATION (to be completed by CIS)

CUSTOMER/COMPANY: _____

CONTACT NAME: _____ ACCOUNT NUMBER.: _____

EMAIL ADDRESS: _____ PHONE: () - EXT: _____

PAYMENT INFORMATION (to be completed by CIS)I authorize Central Illinois Security, Inc. to automatically bill the card listed below as specified:PRODUCT/SERVICE DESCRIPTION: Alarm Monitoring Fees

RECURRING AMOUNT: \$ _____

FREQUENCY (CHECK ONE): ☐ Once ☐ Daily ☐ Weekly ☐ Twice/mo. ☐ Monthly ☐ QuarterlySTART ON: _____
Month Day YearEND ON: ☐ _____
Month Day Year☐ No end date***CREDIT CARD INFORMATION (to be completed by customer)***CARD TYPE: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____CARDHOLDER NAME: _____ ZIP CODE: _____
(as shown on card) (from billing address)CARD NUMBER: _____ EXPIRATION: _____
Month Year☐ Notify me via email when my credit card is charged. (Make sure email address above is included.)_____
Customer Signature_____
Date