Automatic Payment Authorization Form

Dear Customer,

You can pay your Recurring Security International, Inc.(SI) monitoring services bill without writing a check, buying a stamp, or missing a due date. Simply complete the authorization form below. Upon approval, we will charge your payments directly to your checking or major credit card account. You will continue to receive a monthly statement from SI, and your total charges will appear on your monthly bank or credit card statement. There is no charge for this service.

Auto deduct will begin on the 20th of every month. If the 20th falls on a weekend or a holiday, payments will be deducted the next business day.

Please print clearly and complete all sections of the form. For assistance completing the form please call 956-287-6655 ext. 235 or 236

Authorization Agreement for Prearranged Payments

I hereby authorize my financial institution to charge the account I have specified on the form below for the amount of my recurring Security International, Inc. (SI) Bill and send that amount to SI. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I notify SI otherwise. If I change the account number of the financial institution specified, I will provide written authorization for the change to SI. In addition, I have the right to stop payment of the charge by notifying my financial institution before the account is charged. I understand that both the financial institution and SI reserve the right to terminate the payment plan and /or my participation therein.

Pre Payment Authorization **Security International, Inc. Account No.** _____

I authorize SI, Inc. to keep my signature on file AND to charge my (Please check one)

☐ Bank Checking Account# _____ ABA (Routing) # _____

Bank Name: _____

☐ Credit card (check appropriate card) ☐ Visa ☐ Mastercard ☐ Discover ☐ AMMEX

Card Number: _____ Expiration Date: _____

Customer name (as it appears on your bill)			Telephone No.:
Address	City	State	Zipcode
Card holder Name (if different from SI account holder)			
Cardholder Address	City	State	Zipcode

PLEASE INCLUDE VOIDED CHECK WITH THIS FORM

_____ _____

Authorized Signature Date

Complete and return to: Security International, Inc. PO Box 3323 McAllen, Texas 78502