






## AUTHORIZED AUTOMATIC CREDIT OR DEBIT CARD PAYMENT FORM

To have your recurring service fees deducted from your credit or debit card account, simply complete this form and return it to us. Payments will be charged to your credit or debit card on the 5<sup>th</sup> day of the month.

|  |                   |   |
|--|-------------------|---|
| Cardholder's full name as shown on card: |                   | Card type:<br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover<br>   |
| Card number:                             | Billing Zip Code: | Expiration Date (mm/yyyy):  |

The above credit or debit card information is provided to pay for the following account(s):

|  |
|--|
| Customer's full name or Business name as listed with Nightwatch: |
|--|

I hereby authorize Nightwatch Security & Telephone, L.L.C. to charge the credit or debit card account listed above the recurring service fee of \$\_\_\_\_\_ per \_\_\_\_\_. I understand that charges will appear on my credit card statement and that no invoice from Nightwatch Security & Telephone, L.L.C. will be sent to me unless the email option on this form is checked. I also understand that I will be liable for any charges properly assessed by Nightwatch Security & Telephone, L.L.C. if for any reason charges are not paid by my credit card company. When my card expires, I will give Nightwatch Security & Telephone, L.L.C. the new expiration date.

This authorization will remain effective until I give Nightwatch Security & Telephone, L.L.C. 30 days written notice to the contrary. I understand that my revocation of Nightwatch Security & Telephone, L.L.C.'s authority to initiate charges to this credit or debit card will not release me from any Customer Agreement in effect.

|                        |      |
|------------------------|------|
| Cardholder's signature | Date |
|------------------------|------|

Please send me copies of my invoices via email. I understand they will be sent out before the charge is processed and that no receipt will be sent after the charge is processed.

|                                    |
|------------------------------------|
| Email address to send invoices to: |
|------------------------------------|

**PLEASE FILL OUT FORM COMPLETELY, PRINT, AND MAIL BACK TO:**

**NIGHTWATCH SECURITY & TELEPHONE  
2211 W. Main St.  
Sedalia, MO 65301**

**660-827-3408 / 800-462-1996**