



**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. <input type="text"/>	
I authorize SI, Inc. to keep my signature on file AND to charge my (Please check one)			
<input type="checkbox"/> Bank Checking Account#		ABA (Routing) #	
<input type="text"/>		<input type="text"/>	
Bank Name: <input type="text"/>			
<input type="checkbox"/> Credit card (check appropriate card)		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMMEX	
Card Number: <input type="text"/>		Expiration Date: <input type="text"/>	
At this time Credit Card auto draw is not available. Sorry for the inconvenience.			
Customer name (as it appears on your bill)			Telephone No.:
<input type="text"/>			<input type="text"/>
Address	City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card holder Name (if different from SI account holder)			
<input type="text"/>			
Cardholder Address	City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE INCLUDE VOIDED CHECK WITH THIS FORM

Authorized Signature

Date

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