



# Client Payment Authorization Form

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Installation Deposit:** \_\_\_\_\_

Check # \_\_\_\_\_

Charge Credit Card/Auto Debit

(Choose method of payment below)

Electronic Deduction from Credit Card

Visa

AmEx

MC

Account

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration: \_\_\_\_\_

**Monthly Amount:** \_\_\_\_\_

Drafted:

Monthly  Quarterly  Semi-Annually  Annually

**Method of Payment (check one)**

Electronic Deduction from Credit Card

Visa

AmEx

MC

Account

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Electronic Funds Transfer (EFT)

Checking

Savings

Account

Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Electronic Funds Transfer (EFT)

Checking

Savings

Account

Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

My signature above authorizes Bates Security to make EFTs from my bank account, or charge my credit card account, in the amount specified above as my payment for monthly services and permit fees.

Please fax or e-mail the completed form:  
**(859) 226-5261 / [billing@batessecurity.com](mailto:billing@batessecurity.com)**