



AUTOPAY ENROLLMENT FORM

We are pleased to offer automatic billing and payments. Return the completed form (either credit card OR checking account) to the office via mail or via email to nicole@commandnj.com. Once received, future payments will be made automatically until you cancel this service by certified mail. You will not receive an invoice for any recurring charges moving forward. All monthly fees such as monitoring, remote access, and service agreements will be billed on a quarterly basis.

One-time credit card payments can be made online at www.commandsecuritysystemsinc.com or by calling 973.227.8775. Payment by check is also accepted.

Account Name: _____ Account Number: _____

Email Address: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Command Security Systems, Inc. to charge my credit card above for recurring monitoring fees and agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments. Monthly fees such as, but not limited to, monitoring, remote access and service agreements, will be billed on a quarterly basis.

As a duly authorized check signer on the financial institution account identified below, I authorize you to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize Command Security Systems, Inc., to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____

Financial Institution account “identifying information”:

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	Financial institution:	Branch:	
	City:	State:	ZIP CODE:
	Transit/ABA #	Account #	

Example

John Doe
123 Street
Anycity, ST. 00000

Financial Institution
510 Money St.
Anycity, ST. 00000

00001

Date _____

Pay to the Order of _____ \$ _____

_____ Dollars

Memo _____

⋄: xxxxxxxxxx ⋄: 0000 0000 000000 “⋄

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers