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## CheckFree Authorization Form

In an effort to conserve our environment and be more green, First Response Monitoring is implementing the CheckFree program. Automatic payments mean that you don't have to write checks or pay postage every month, cutting down on your paper use and cost.

If you are interested in charging your monthly payment to a credit card or checking account please fill out the authorization form below. Mail this form in with your next payment and the process will start on the next billing cycle (25<sup>th</sup> of each month). Please keep in mind that your current balance must be paid in full in order to start the CheckFree program.

**If you choose to pay through a checking account please attach a VOID check.**

Any invoices, apart from your monthly rate, will automatically be deducted from your credit card or checking account as well. Thank you.

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I, \_\_\_\_\_, authorize First Response Monitoring to deduct a payment by the method indicated below and post it to my account:

**FRM Customer Number:** \_\_\_\_\_ **Monthly Amount:** \$\_\_\_\_\_.

### Method of Payment:

<input type="checkbox"/> Deduct from Checking Account <b>(Must attach a VOID check)</b>	<input type="checkbox"/> Bill to Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AmEx
Bank Name	Name on Card
Account Number	Card Number
Routing Number	Expiration Date

I understand that I am in full control of my payment, and, if at any time I decide to make any changes or discontinue the EFT service, I will call or write the above named company.

Change of payment method will not affect other provisions and/or terms of my contract.

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Signature

Date