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Online at [www.Towne.Services](http://www.Towne.Services)

### Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. You can set up your own entries on our website at [www.townemonitoring.com](http://www.townemonitoring.com) by clicking on the Payment button or just complete and sign this form to get started!

#### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

#### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MC, Discover or Amex card. You will be charged each billing period for the total amount due for that period. The charge will appear on your credit card statement. You agree that no prior-notification will be provided. If your bill is more than the contracted amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Towne Monitoring Service to charge my credit card indicated below for payment of my equipment and/or monitoring charges.

I understand that I will only receive advance notice of the charges if they change from the terms in my contract.

Please bill me:      Monthly:              Quarterly:              Annually:

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email(optional) \_\_\_\_\_

Account Type:    Visa              MasterCard              Discover              American Express

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_      CVV (3 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_                      DATE \_\_\_\_\_

I authorize Towne Monitoring Service to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.