



**Seneca Gorham Security Systems, Inc.**  
**22 Main Street**  
 Bloomfield, NY 14469-0335  
 (585) 657-6565

**Credit Card Recurring Payment Authorization Form**

Schedule your payment to be automatically charged to your credit card. 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, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period. A receipt will be emailed to you and each charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize Seneca Gorham Security Systems, Inc. to charge my credit  
 (full name)

card indicated below for \$\_\_\_\_\_ plus tax on the 5th of each month for payment of my monitoring service.  
 (monthly amt)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
Security Code	_____			
<small>(3 digit number on back of Visa/MC/Discover, 4 digit code on front side of card above the number)</small>				

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Seneca Gorham Security Systems, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. 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. 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. 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 payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.