



SONITROL®
 VERIFIED ELECTRONIC SECURITY

Auto-Debit Form

We would like to make paying for your services as convenient as possible for you. Save time and the hassle of writing checks as well as the cost of postage by subscribing to our automatic payment process. We can charge your credit card the monthly monitoring fee, or withdraw it directly from your bank account. Please complete the form and return to:

Sonitrol of Lexington, Inc.
 P.O Box 2225
 Lexington, KY 40588-2225

Or Faxto: 859.226.5261

Customer Information:

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Please choose one of the following:

Bank Account Billing:

___ I authorize Sonitrol of Lexington, Inc.
 to automatically debit my ___ checking or
 ___ savings account for my monitoring fees.

Credit Card Billing:

___ I authorize Sonitrol of Lexington, Inc.
 to automatically charge my ___ Visa or
 ___ MasterCard for my monitoring fees.

Signature of Account Holder: _____

Billing Cycle Preference:

___ Monthly ___ Semi – Annual ___ Quarterly ___ Annual

** Your Checking / Savings or credit card account will be charged
 monitoring fees on or after the 3rd of each month **

Please call Accounts Receivable at 859-225-7381 with any questions. Thank You!

The Leader in *Verified* Electronic Security

Verified Audio Detection | Access Control | SonaVision Video | Fire Detection