



Payment Pre-Authorization Form

Choose a billing cycle: quarterly annually monthly

(Please note: If the monthly option is chosen, you MUST choose to pay by ACH or credit card and have invoices emailed.)

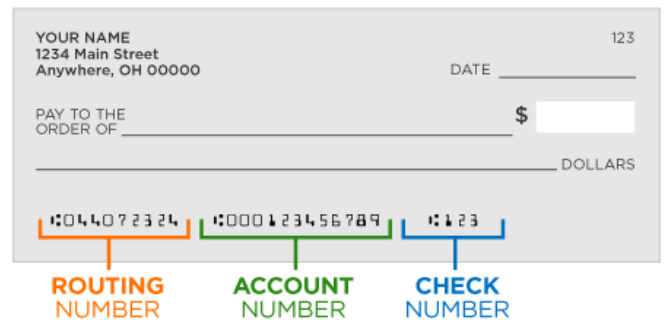
Name _____

Billing address _____ Phone # _____

City, State, Zip _____ Email _____

ACH (check if requested)

Name on Acct	_____
Bank Name	_____
Account #	_____
Routing #	_____
Bank City/State	_____



Credit Card (check if requested)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Credit Card Number _____	Expiration Date _____	
Name on Card _____		

I, _____, authorize Monitor Controls, Inc. to deduct payment according to the choice I made from the options above and furthermore perform any adjustments as may be resigned.

Signature

Date