AFFILIATED MONITORING

For any questions with this form call
Account Management: 800.296.9000

Auto Bill Pay

Auto Bill Pay automatically debits your checking account each month. You may cancel Auto Bill Pay at any time.

CLIENT INFORMATION

COMPANY | DEALER NUMBER

EMAIL ADDRESS FOR AFFILIATED INVOICE

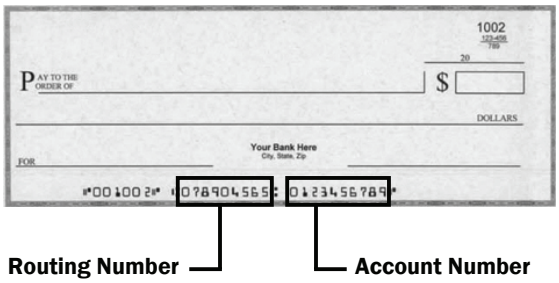
BANK ACCOUNT INFORMATION

BANK NAME

ACCOUNT NAME

ROUTING NUMBER

ACCOUNT NUMBER



PAYMENT DATE

Please select the day of the month your account will be debited: ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

AUTHORIZATION

Affiliated Monitoring is hereby authorized to electronically debit the bank account listed above. The bank account will be automatically debited on the day selected above. This authorization will remain in effect unless canceled by written notice.

X _____
SIGNATURE | DATE *(MM/DD/YY)*

_____
NAME | TITLE

SEND THIS SIGNED FORM TO:

Email: billing@affiliated.com
Fax: 866.329.4606