

Take advantage of **Security Central's** Automatic Bank Drafts or Credit Card Options

Your checking or savings account or credit card is automatically drafted to make your payment. You always have an exact record because your payment will be reflected on your bank statement or credit card bill.

Customer Name: _____ Account # -or- A/R # _____

Address _____

Type of credit card: _____ MasterCard _____ Visa _____ American Express

Cardholder Name: _____

Billing address (for above credit card): _____

Account Number: _____ Expiration Date: ____ - ____

V # on back of card: _____ (last 3 digits located in the signature space on back of card)

Name of authorized cardholder: _____

Signature of authorized cardholder: _____

Banking Information: _____ Checking (Voided Check Required) _____ Savings

Routing #: _____ Account #: _____

Name of Person(s) listed on above account: _____

Signature (2) of Person(s) listed on above account: _____

I hereby authorize Security Central to initiate debit entries to my account at the FINANCIAL INSTITUTION indicated above on the first day of each month. Credit Card entries will be taken out of your account on the 25th day of each month or approved billing cycle. I understand that this authorization will remain in full force and effect until I notify Security Central and the FINANCIAL INSTITUTION in writing that this service is no longer desired, allowing both Security Central and the FINANCIAL INSTITUTION reasonable time to act on such notification.

I also understand that if corrections in the debit amounts are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying the FINANCIAL INSTITUTION prior to the account being charged. If an erroneous debit entry is charged to my account, I have the right to have the amount of such entry credited to the account by the FINANCIAL INSTITUTION, if, within 15 calendar days following the date on which FINANCIAL INSTITUTION sent me a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give the FINANCIAL INSTITUTION a written notice identifying such entry, stating that it is in error and requesting credit back to my account.

You may fax your completed form to 704-832-2662 or you may mail it to: PO Box 5759, Statesville NC 28687.

Please contact our Accounting Department at 1-888-698-5214 if you need more information.