



Securing life's most important possessions!

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete and sign the form below. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by providing us 30 days written notice.

Customer Information

Customer / Company _____

Contact Name _____ Account Number _____

Email Address _____ Phone (____) _____ - _____ Ext: _____

Payment Information

I authorize, Gurkin Security Systems, Inc. to automatically bill the card listed below as specified:

Product / Service Description _____

Recurring Amount _____

Frequency (Check One) Weekly Monthly Quarterly Annually

Start on _____ / _____ / _____
Month Day Year

End Billing When: Customer provides written cancelation

Credit Card Information

Card Type Visa MasterCard Discover American Express

Cardholder Name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card Number _____ Expires _____ / _____ CID _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's Signature

Date