



123 South Date Street
Jenks, OK 74037
www.ahsecurity.com

OK Alarm License #: 1664
OK Guard License #: SGA199

Tulsa/Jenks Office:
Toll Free: 1.888.321.1090
Local: 918.637.9090
Fax: 918.550.8330

Duncan/Lawton Office:
Toll Free: 1.888.321.1092
Local: 580.255.7792
Fax: 1.888.839.4108

Credit/Debit Card Authorization: Alarm Monitoring

Instructions:

1. Complete the form by printing legibly with a black pen.
2. Sign with credit card holder's signature on the line indicated.
3. Return form to: A&H Security, Inc.
123 South Date Street
Jenks, OK 74037

I, _____, hereby authorize A&H Security, Inc., to charge my credit/debit card in the amount of \$_____ monthly.

Customer Account #: _____

Description of charge: Alarm Monitoring MyAccess Maintenance

- Check one:**
- One time charge.
 - Monthly automatic charge.
(10th of each month)
 - Semi-Annual automatic charge.
 - Annual automatic charge.

Type of card: Visa  MasterCard  Discover  American Express 

Credit/Debit Card #: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Exp Date: _ _ / _ _ (MM/YY) **CVC Code** (last 3 digits on the back of the card): _____

Credit/Debit Card Billing Address:

Cardholder's Name: _____ Telephone: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Email Address for Receipt: _____

As the credit/debit card holder, I hereby authorize the reoccurring billing as stated above.

Cardholder's Signature: _____ Date: _____



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ACH Authorization: Alarm Monitoring

Company Name: A&H Security, Inc.

Telephone #: 918-637-9090

I (we) hereby authorize A&H Security, Inc., hereinafter called COMPANY, to initiate credit or debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) Account must comply with the provisions of U.S. law.

Depository Name (Bank Institution): _____

City: _____ **State:** _____ **Zip:** _____

Routing #: _____ **Account #:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Customer Acct #: _____

Description of charge: Alarm Monitoring InTouch Maintenance **Monthly Total:** _____

Start Date: _____

**ACH Dates: between 20th – 25th of each month.*

Signature: _____

Date: _____