



ARCO SECURITY CENTRAL STATION, CORP.

Monitoring Burglar And Fire Alarm Systems

Billing Authorization Form

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ (required*)

** All bills and statements are transmitted electronically via email*

Billing authorization method:

Online – BillPay and PaymentNetwork:

I agree to receive my statement via email and assume responsibility for making my payments online in a timely manner. I understand that the emails will contain the necessary link to go online and process my payment and that I must register with Intuit BillPay & PaymentNetwork. I further agree to maintain a valid and working email at all times, and will notify Arco in the event of any changes to this email.

Credit Card

Credit Card Information: Amex Visa M/C

Card Number: _____ Exp. Date: _____

Card Holder Name: _____ Security Code: _____

Bank Draft (ACH)

Type of account: Checking Saving

Bank Name: _____

Bank Routing Number (ABA): _____

Account Number: _____

I authorize Arco Security Central Station to charge my credit card OR automatically debit my bank account for my monitoring services. I understand that I must maintain a valid email in order to receive invoices, statements, and other communications from Arco.

Signature _____

Date _____