

AUTO-PAY FORM

Please fill out this form to enroll in Auto-Pay. Your invoice will be automatically paid by the due date.

Email Address for Invoices: _____

Bill Payer ID: _____

Name/Business Name on Card: _____

Billing Address: _____

Debit/Credit Card Number: _____

Expiration Date: _____

3 Digit Security Code on Back: _____

Please sign below to approve credit/debit card draft:

_____ Date _____

It is the Customer's responsibility to contact our office with any credit/debit card changes and updates.

Failure to receive your bill does not waive service fees or interruption of service due to nonpayment.

*Carolina Burglar & Fire Alarm Co.'s privacy policy dictates that none of your personal information will ever be given out or sold.

