

AutoPay Authorization Form



Allied Fire & Security now offers two easy ways to make your monthly payment.

AutoPay allows two methods to pay your bill without ever writing a check – at no additional charge!

With a one-time enrollment, your recurring payments can be either sent directly from your financial institution to AutoPay or directly debited to your credit card – on time, every month, safely, conveniently, and automatically.

The Securest Way To Pay

When you pay your bill with AutoPay, Federal consumer safeguard regulations are even more stringent than when you pay by check.

So whether you choose the checking account or credit card monthly payment feature, you will never need to worry about the security of your payment. Allied receives only the monthly amount you authorize – no hidden fees or costs. **Complete this form and mail it to our Spokane office:**

Allied Fire & Security
ATTN: Accounts Receivable
425 W. Second Ave.
Spokane, WA 99201

Name on Account: _____ Allied Acct #: _____

I hereby authorize _____
(Print name of bank or credit institution)

to make my monthly Allied Fire & Security payments on my behalf from the checking or credit card account indicated below and transfer them to Allied Fire & Security. Select a payment method below:

Option 1 – Checking Account Transfer
(voided check must be enclosed)
Address the Account is Billed To:
Street: _____
City: _____
State: _____ Zip: _____

Option 2 – Credit Card Charge
 American Express Visa
 MasterCard Discover
Address the Credit Card is Billed To:
Street: _____
City: _____
State: _____ Zip: _____
Credit Card #: _____
Expiration Date: Mo. _____ Yr. _____
CVV (3- or 4-digit number on back of card): _____

I understand that I am in full control of my payment, and if at any time I decided to make any changes or discontinue the Allied AutoPay service, I will call or write Allied Fire & Security. Change in payment methods will not affect other provisions and terms of my contract.

Customer Signature: _____ Date: _____

Allied Representative: _____ Date: _____

Branch: _____

*PLEASE NOTE that if your payment schedule is other than monthly, enrolling in this program will change frequency of payments to monthly.

Monthly Debit Amount: _____ Bill Day: _____
(For Allied Office Use Only)