CENTRAL ILLINOIS SECURITY
A LEVI, RAY & SHOUP, INC. COMPANY

Paperless Billing/Online Payments Switch Form

Switch now to paperless billing and online payments for increased security, added convenience, lowered processing fees, reduced chance of errors, and time savings. Please select one of two options to switch, then confirm the email address to send all future invoices electronically.

Your Name: _____

Company Name (if applicable): _____

☐ 1 Yes, sign me up for paperless billing & online payments (select 1 set up option):

☐ Call me to discuss details and walk me through online set up at phone number: _____

☐ I'll visit the online form and set it up myself, no problem!

https://www.centralillinoissecurity.com/pay-my-bill

OR

☐ 2 Yes, sign me up for paperless billing and online payments. **I've filled out and signed the following authorization form** giving Central Illinois Security permission to make payments on my behalf. I have selected my preferred payment method and provided the payment details on the proper authorization form—credit/debit card form or bank account form.

☒ In addition to your switch selection of 1 or 2 above, please provide the email address(es) where electronic invoices should now be sent:

Email(s): _____

Mail your switch request/authorization forms to:
Jeri Germann/Payments & Billing
Central Illinois Security
2451 West Monroe Street
Springfield, IL 62704

CENTRAL ILLINOIS SECURITY
A LEVI, RAY & SHOUP, INC. COMPANY

BANK ACCOUNT DIRECT PAYMENT AUTHORIZATION FORM

ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME: _____

JOINT ACCOUNT HOLDER NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

9 DIGIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I authorize **Central Illinois Security, Inc.** to initiate withdrawals from my account at the financial institution named in this application for payment of my **Central Illinois Security, Inc.** monitoring bills. This authorization will remain valid until either Central Illinois Security, Inc., my financial institution, or I revoke it.

I can suspend payment of a bill by notifying **Central Illinois Security, Inc.** no later than 1 week prior to the date that payment is scheduled to be deducted from my account. I understand that three or more suspensions in a 12 month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of **Central Illinois Security, Inc.** or my financial institution with respect to each other. I further understand that **Central Illinois Security, Inc.** and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying **Central Illinois Security, Inc.**

_____ _____
Authorized Account Holder Signature Date

_____ _____
Joint Account Holder Signature Date

PLEASE ATTACH VOIDED CHECK TO THIS FORM. THANK YOU.

(FILL OUT REVERSE SIDE TO AUTHORIZE CREDIT/DEBIT CARD PAYMENTS.)

CENTRAL ILLINOIS SECURITY
A LEVI, RAY & SHOUP, INC. COMPANY

CREDIT/DEBIT CARD DIRECT PAYMENT AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. 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 contacting us.

CUSTOMER INFORMATION (to be completed by CIS)

CUSTOMER/COMPANY: _____

CONTACT NAME: _____ ACCOUNT NUMBER.: _____

EMAIL ADDRESS: _____ PHONE: (___) _____ - _____ EXT: _____

PAYMENT INFORMATION (to be completed by CIS)

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

PRODUCT/SERVICE DESCRIPTION: Alarm Monitoring Fees

RECURRING AMOUNT: $ _____

FREQUENCY (CHECK ONE): ☐ Once ☐ Daily ☐ Weekly ☐ Twice/mo. ☐ Monthly ☐ Quarterly

START ON: _____/_____/_____ (Month Day Year)

END ON: ☐ _____/_____/_____ (Month Day Year)

☐ No end date

CREDIT CARD INFORMATION (to be completed by customer)

CARD TYPE: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____

CARDHOLDER NAME: _____ ZIP CODE: _____
(as shown on card) (from billing address)

CARD NUMBER: _____ EXPIRATION: _____/_____
Month Year

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

_____ _____
Customer Signature Date

(FILL OUT REVERSE SIDE TO AUTHORIZE BANK ACCOUNT PAYMENTS.)