

CWC SECURITY LLC
P.O. Box 104
Bellmore, NY 11710
(516) 889-3600

ACH RECURRING PAYMENT AND CREDIT CARD AUTHORIZATION FORM

Here’s How Recurring Payments Work:
You authorize regularly scheduled charges to your checking, savings account, or credit card. You will be charged the amount indicated below each billing period during the initial term of my agreement and all automatic renewal terms. The charge will appear on your bank statement as an “ACH Debit” or your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ authorize CWC SECURITY LLC
(full name)

to charge my ☐ bank account or ☐ credit card indicated below on the _____ of each
day/date

_____ for payment of my _____
week/month/quarter Insert type of bill

in the amount of \$ _____.

Billing Address: _____

Email Address: _____

Select payment method below:

☐ AUTOMATED ACH FROM BANK ACCOUNT PAYMENT:

Account Type: ☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CWC SECURITY LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account, or charged to my credit card, on the above noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that CWC SECURITY LLC may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of recurring transactions to my account must comply with the provisions of U.S. Law. I agree not to dispute this recurring billing with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form. I agree that an ACH or credit card denial will constitute a breach of my payment obligation in my agreement with CWC SECURITY LLC.

☐ AUTOMATED CREDIT CARD PAYMENT:

Credit Card #: _____ Expiration Date: _____ Security Code: _____

☐ Mastercard ☐ Visa ☐ American Express ☐ _____

Cardholder’s Name (As it appears on credit card): _____

Billing Address: _____

Email Address: _____

SIGNATURE _____

DATE _____