Pre-Authorized Payment Authorization Form

Please PRINT clearly in block letters and ink. Your application will not be processed unless you give complete information.

Select ONE of the following:

☐ Pay a specific Invoice(s) / One-Time Payment
☐ Apply for Pre-Authorized Payment Plan
☐ Change information on existing plan
☐ Cancel previous payment authorization

Personal / Company Information:

Name / Company Name : _____

Address : _____ City : _____

Province : _____ Postal Code : _____

ONE-TIME Payment - Invoice(s) to be Paid:

Invoice or WO #	Description	Amount Total	Extra Fees	Amt. to be Paid
			Total to be Paid	$

OPTION 1: Credit Card Information – Extra charges will apply if card is not present at time of processing.

☐ VISA ☐ MasterCard ☐ Limit Maximum Monthly Charges to: $ _____

Credit Card Number **Expiry Date (mm – yy)** **CCV**

Card Holders Name (as it appears on card)

OPTION 2: Bank Account Information (Only for amounts that exceed $1000.00)

☐ Savings Account ☐ Chequing Account (Please include a void cheque)

Financial Institution : _____ Phone : _____

Transit # **Institution #** **Account #**

By signing this form and/or calling in, faxing or emailing information I hereby authorize Four Alarm Fire Services Ltd ("Four Alarm") to debit my credit card account or bank account for the amount noted above; or from time to time for any debt(s) owed to Four Alarm as long as it is equal to or less than the limit set above. I declare that the information given on this form is complete and true. I consent and agree to allow Four Alarm to collect, use and disclose my personal and/or company information for the purpose of verification of customer detail/data, credit checks, administration, make pre-authorized payments, and disclosure under applicable laws. I understand that the information collected is necessary for Four Alarm to process my payments. I also agree to abide by Four Alarm's terms and conditions of service and amendments thereafter as made from time to time. A service charge of $25.00 will be applied to any returned cheques, declined credit cards or pre-authorized payment charge backs plus any fees charged by any institutions. By signing below I agree that I have fully read, understood and agree to the terms of this pre-authorization form.

Email Address / FAX to Return Payment Information:

_____

_____
Signature of Account / Card Authority

_____
Print Name

_____
Date

PLEASE EMAIL COMPLETED FORM TO ar@fouralarm.ca OR MAIL TO SUITE I, 2121 39 AVE NE, CALGARY, AB T2E 6R7 – Ver. 1.7