Interface
Security • Life Safety • Managed IP Services

and other Interface Companies
GREATER ALARM AN INTERFACE COMPANY
HAWK SECURITY SERVICES AN INTERFACE COMPANY

DIRECT PAY PLAN

Sign up for Automatic Withdrawal through INTERFACE Direct Pay Plan. Choose either Bank Account (top section) or credit card (bottom section). Please mail or fax the completed form below.

☐ Mailing Address:
3773 Corporate Center Drive
Earth City, MO 63045

☐ Email:
Billing@interfacesys.com

☐ Fax:
(314) 595-0379

This is my authorization to Interface Security Systems, LLC to automatically debit my: (Check only one)

☐ ***Checking Account*** (Include a VOIDED Check)

☐ ***Savings Account*** (Include a Blank Deposit Slip)

Customer Number: _____ Location Address: _____

Initial Monthly Amount: $ _____ (excludes taxes & fees)
(Monthly amount may vary due to price changes or changes in the service purchased).

Bank Name: _____

Bank Routing Number: ☐☐☐☐☐☐☐☐☐

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Account Withdrawal Day: ☐☐ (01-28 only) Start Date: ☐☐ / ☐☐ / ☐☐☐☐

This is my authorization to Interface Security Systems, LLC to automatically charge my: (Check only one)

☐ MasterCard ☐ Visa ☐ Discover/Novus ☐ American Express

Customer Number: _____ Location Address: _____

Initial Monthly Amount: $ _____ (excludes taxes & fees)
(Monthly amount may vary due to price changes or changes in the service purchased).

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date ☐☐ / ☐☐☐☐ Billing Address Zip Code: ☐☐☐☐☐
(Must be same as the Credit Card billing address)

Account Withdrawal Day: ☐☐ (01-28 only) Start Date: ☐☐ / ☐☐ / ☐☐☐☐

Under the terms of my contract I am currently invoiced: (Check only one)

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

(The Interface DirectPay Plan applies to monthly, quarterly, semi-annual, or annual service fees and does not apply to other charges).

☐ Please continue to mail invoices

I understand that Interface will not send me an invoice before scheduled deductions are made unless I request above. It is my responsibility to ensure sufficient funds are available in the account at the time of each scheduled deduction. I also understand that my services may cancel or expire should there be insufficient funds available in the account.

I understand that this authorization allows Interface to adjust the scheduled deductions to reflect any monthly billing changes. I also authorize Interface to initiate entries to the account to correct any erroneous deduction or to provide refund.

I represent that I am the owner and/or an authorized signer on the account.

I authorize the financial institution identified by the routing number above to accept and post entries to the account.

My account will be automatically debited on each due date under the terms of my contract and/or other agreements with Interface and its affiliates. The due date is the 1st of the month following the invoice date. I understand that this authorization will be in effect until I notify Interface in writing that I no longer desire their services. A thirty (30) day notification is required.

I acknowledge that the origination of any transactions to my account must comply with the provisions of US law.

I agree that a photocopy of this authorization will be as valid as the original.

Customer will be charged back the value of any offer if the direct pay service is canceled within 12 months.

Name (Please Print) Signature Date