MAKE THIS YOUR LAST CHECK PAYMENT!

Easy and Convenient
No More Checks or Stamps
Less Mail to Open
Eco Friendly

Use this form to sign up for our Automated Payment service.

Please follow these simple instructions to sign up for Automated Payment Service:

1. CHECK OFF PAYMENT METHOD BELOW
2. FILL OUT INFORMATION REQUESTED (PLEASE PRINT CLEARLY)
3. EMAIL OR MAIL BACK TO US IN THE ENCLOSED RETURN ENVELOPE OR FAX FORM TO:

516-822-4490 billing@lowittalarms.com

□ AUTOMATED CREDIT CA	ARD PAYMENT	Γ
Select Credit Card: Visa	MasterCard	d AMEX
Credit Card Number:		
• Expiration Date (MM/YY):		
• First & Last Name:		
• Email:		
• Lowitt Account Number (from	your bill)	
• Sign Name As Appears On Cre	dit Card	I issue date. I may cancel this request by contacting Lowitt Alarms.
<u>OR</u>		
☐ AUTOMATED ELECTRON	IIC FUNDS TRA	ANSFER (EFT) FROM BANK ACCOUNT
• Enclose Check for Current Bill		
First & Last Name		
	Bank Routing Number	
Check Type of Account		Savings
Signature		
		checking account as shown on my enclosed check all future payments for my

OR YOU CAN MAKE AN ONLINE PAYMENT THROUGH OUR WEBSITE: LOWITTALARMS.COM

Lowitt Alarms bills. I understand the payment amount may vary. I may cancel this request by contacting Lowitt Alarms.



