



**DIRECT DEBIT PAYMENT**

**Mail completed form to:** Advent Security Corp  
101 Roesch Ave  
Oreland, PA 19075

**OR Fax to:** (215) 576-8198

You can also login at [www.adventsecurity.com/pay-your-bill](http://www.adventsecurity.com/pay-your-bill) to make a one-time payment or signup for recurring payments

**Please complete all information:**

CUSTOMER NAME: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Select One:**

- RECURRING/AUTO PAY (all recurring charges will automatically be deducted from your bank account)
- ONE TIME ONLY      AMOUNT \$ \_\_\_\_\_

**Bank Account Information:**

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

|                         |                                   |                                   |
|-------------------------|-----------------------------------|-----------------------------------|
| <b>Type of Account:</b> | Choose 1 in each block            |                                   |
|                         | <input type="checkbox"/> BUSINESS | <input type="checkbox"/> CHECKING |
|                         | <input type="checkbox"/> PERSONAL | <input type="checkbox"/> SAVINGS  |



I \_\_\_\_\_ (print name) authorize Advent Security to automatically debit the account specified according to our contract for recurring services. All terms and conditions of recurring agreement still apply. I understand this authorization can be cancelled by sending written notice thirty (30) days prior to the scheduled debit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_