



11680 SOUTH HARRELLS FERRY, BATON ROUGE, LOUISIANA 70816 PH (225) 292-1212 FX (225) 292-9292

CUSTOMER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**AUTOMATIC PAYMENT OPTION CREDIT CARD**

**What is Automatic Payment Option?**

The automatic payment option is offered to Allied Systems, Inc. customers as a convenient way to submit payments through a credit card charge. Once you sign up for Automatic Payment, your credit card will be charged for the amount shown on your monthly, quarterly, semi-annual or annual recurring invoice. You can cancel at anytime within 30 calendar days notice.

**What are the benefits to you?**

- ❖ Saves you money – no more checks, no more postage
- ❖ Avoids lapses – payments are automatic, so no chance of late payments

**How do we sign up?**

- ❖ Complete and sign the form below
- ❖ Provide the credit card number, expiration date and the 3 digit code on the back
- ❖ If you have more than one account with Allied Systems, Inc. please list accounts to be paid by Automatic Payment

**How does it work?**

- ❖ Each invoice will indicate "Paid by Auto Draft" at the top and show the amount of your automatic withdrawal
- ❖ Debits to your account will be made on the 16<sup>th</sup> of the month
- ❖ To cancel Automatic Payment, simply send a written notice to the payment address on your bill at least 30 calendar days prior to the date you want the withdrawal cancelled

This payment authorization shall not supersede any provisions of your Contract with Allied Systems, Inc. In the event of a conflict with any contract provisions, the contract controls. You shall be liable for any expenses incurred by Allied Systems, Inc. as a result of insufficient funds. If you need to change banking information or have other questions, please contact the billing department at 225-292-1212. **Please complete your credit card information, sign and remit this form.**

Yes, I authorize Allied Systems, Inc. to initiate withdrawals from the credit card indicated below. This authorization will remain in effect until I notify Allied Systems, Inc. in writing within 30 calendar days before my account is charged. I understand the terms and conditions of this form.

\_\_\_\_\_  
Authorized Signature and Date

\_\_\_\_\_  
Visa or Master Card number only

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date Code