

Payment Authorization Form



For automatic recurring billing, please complete the information below and sign the form. All requested information is required. Upon approval, we will automatically debit your bank account or charge your credit card for the amount indicated. You may cancel this automatic billing authorization by contacting us at finance@senserasytems.com. To cancel automatic recurring billing, cancellation notice is required five (5) days prior to the end of the month.

Customer Information

Customer/Company: _____

Contact Name: _____ Account #: _____

Email Address: _____ Phone: _____ Ext: _____

Payment Type

Please Select **One** Method of Payment Below:

ELECTRONIC FUNDS TRANSFER

Bank Name: _____

Account Name: _____

Routing Number: _____ Last 4 Digits of Account Number: _____

_____ OR _____

CREDIT CARD

Card Type: MasterCard VISA Discover AMEX

Cardholder Name: _____ Cardholder Zip Code: _____
(AS SHOWN ON CARD) (FROM CREDIT CARD BILLING ADDRESS)

Last 4 Digits of Card Number: _____ Expires: _____ CVV: _____

Payment Information

I authorize Sensera Systems, Inc. to automatically debit the bank account or charge the credit card listed above as specified:

- **Product/Service Description:** SiteCloud Recurring Monthly Service
- **Recurring Amount:** SiteCloud Service Amount Per Camera As Shown On Invoice
- **Billing/Charge Frequency Monthly Starting On:** _____ / _____ / _____
Month Day Year

Signature: _____ Date: _____