

CREDIT CARD DEBIT AUTHORIZATION FORM

Visa / MasterCard

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MM

YYYY

CV Code (3 digits on back of card)

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NAME ON THE CARD (Please print): _____

WATERMARK CLIENT ACCOUNT NAME (Please print): _____

CUSTOMER PHONE NUMBER: _____

WATERMARK INVOICE #(s): _____

I pre-authorize Watermark Security Inc. to charge (circle one) *monthly* / *semi-annual* / *annual* payments of

\$

(incl. HST) to my Visa or MasterCard account beginning

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for monitoring services.

MM / DD / YYYY

I also authorize Watermark Security Inc. to charge any additional incidental services to the same Visa or MasterCard as they come due.

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Yes

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No

I agree to notify Watermark Security Inc., 30 days in advance in writing, should I wish to change or discontinue pre-authorized payments. I understand that it is my responsibility to notify Watermark Security if my card number or expiry date change and that a \$25.00 + HST surcharge will apply for any dishonoured payments.

"The undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronics Documents Act."

Signature: _____

Date: _____