Send form or Signup online!
www.godoyle.com

# AUTHORIZED AGREEMENT FOR PREAUTHORIZED DEBITS

**I (we) hereby authorize Doyle Security Systems to initiate debit entries to my (our) checking or savings account or charge my (our) credit card in the amount of my (our) contractual obligation as stated and signed below.**

**Customer #:** _____

**Name:** _____

**Address:** _____

**Phone:** _____

**Alt Phone:** _____

**Email:** _____

**BANK ACCOUNT – Deducted on the 1st of the Month or **ATTACH VOIDED CHECK****

- Checking ☐ Savings ☐
- Name on Bank Account: _____
- Account Number: _____
- 9 Digit ABA (Routing Number) _ _ _ _ _ _ _ _ _
(First nine digits on the bottom left side of your check.)
- Signature(s): _____

**CREDIT /DEBIT CARD (VISA/MC/AMEX/DISC) —Deducted on the 1st of the Month**

- Credit Card Number: _____
- Expiration Date: _____
- Signature(s): _____

**QUESTIONS**: 866-463-6953 (option 6 then 1)

**Mail To**: Doyle Security Systems, Inc.
792 Calkins Road
Rochester, NY 14623
Attn: Accounting

****DO NOT MAIL FORM TO PO BOX****