



Asset Protection Corporation
5211 Renwyck Dr.
Toledo, OH 43615
Return by mail
or email to Cindy Donbrosky
cdonbrosky@apcamerica.com

ACH Payment Form

I would like to have my payment directly withdrawn from my account(s) on the 14th of the month as follows:

Type: Checking

Bank Routing # _____

Account # _____

Rate: \$ _____ (Circle) Monthly Quarterly Semi Annual Annually

Customer Name: _____
(Please Print)

Customer ID: _____ (from an invoice)

Address: _____

City, State, Zip: _____

Email Address: _____

Phone Number _____

I give permission for Asset Protection Corporation to withdraw directly from my account on the 14th my regularly occurring monitoring invoices. In the event of an error, I give Asset Protection Corporation permission to debit/credit my account for the amount needed to correct the error.

Signature: _____ Date: _____

I also give permission for Asset Protection Corporation to withdraw from my bank account ALL invoices I may incur other than monitoring invoices such as service calls, equipment upgrades, etc. on the day they are invoiced. DO NOT sign this area if you wish to make other payment arrangements when those charges are incurred.

Signature: _____ Date: _____

***** PLEASE ATTACH A “VOIDED” CHECK FOR THE CHECKING ACCOUNT YOU WISH TO USE FOR THE DEBIT. *****



Asset Protection Credit Card Authorization Form for Recurring Charges

Please complete all fields. You may cancel this authorization at any time by contacting us @ 419-531-3400. This authorization will remain in effect until cancelled.

Recurring Charge Amount: \$ _____

(circle one) Monthly Quarterly Semi-Annual Annually

Name: _____

Customer ID (if known): _____

Phone Number: _____

Email: _____

Would you like an emailed receipt? Y N

CC Type: MasterCard Visa Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date _____ / _____ Security Code: _____

Credit Card Statement Address: _____

City: _____ State: _____ Zip: _____

Please initial all that apply:

____ I authorize APC to initiate a regular occurring monitoring charge to the credit card listed above on the 14th of the month as determined above.

____ Additionally, I authorize charges for any additional related services that I may incur with APC such as service calls or equipment upgrades.

Cardholder Signature: _____ Date: _____

*Please return by mail to APC, 5211 Renwyck Dr., Toledo, OH 43615
fax 419-531-1680
Or email to: jbyrd@apcamerica.com*