



## ADDENDUM A

### RECURRING PAYMENT AUTHORIZATION FORM – SENS-O-LOCK OF AMERICA

Please complete and sign this form. Upon receipt, we will automatically change your billing to the payment instrument you indicate below. All charges made by Sens-O-Lock of America will show on your monthly banking statement. You may cancel this automatic billing authorization at any time by contacting us.

#### Payment Information:

I authorize Sens-O-Lock of America to automatically bill my account as specified below for any and all payments and fees as outlined in my Ignition Interlock lease agreement.

Payment Type:  Visa  MasterCard  Discover  American Express

Customer Name: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Zip code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Return the completed and signed form to us using one of the following methods:

Fax: (404) 393-3551 Alternative Fax: (678) 264-9999 E-mail: [info@sensolock.com](mailto:info@sensolock.com)

