



E-CHECK PAYMENT FORM

I, _____, authorize Need-A-Lead, to initiate either an electronic debit or to create and process a demand draft against my bank account whenever I authorize a payment over the phone for goods or services. The amount of the debit and bank account information will be used directly from this form.

Agent First Name: _____ **Last Name:** _____

Company Name: _____ **Phone:** (____) _____ - _____

Accountholder First Name: _____ **Last Name:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Bank Account Information

Bank Account Type: Checking Savings Business Checking

Bank ABA Routing Number _____

Bank Account Number _____

By initialing the below statement you understand the terms and conditions of our service.

_____ We do not guarantee lead returns. A lead is an opportunity to sell your product and is not a
Initials guaranteed sale. Once an order has been mailed we will not refund any money.

_____ I acknowledge that the origination of ACH to my account must comply with the provisioning of United
Initials States law.

_____ This payment authorization is to remain in full force and effect until I notify Need-A-Lead of its
Initials cancellation by sending written notice in such time and in such manner to allow both Need-A-Lead
and receiving financial institution a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

Must be an authorized signer on the bank account