



Providing an Effective Means
To Increase Business

DIRECT PAYMENT AUTHORIZATION

I hereby authorize Leads Club, Inc., hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my account at the financial institution listed below.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing & Transit Number) (Account Number)

IMPORTANT

This authority is to remain in full force and effect until "Company" has received **written notification** from the Member/recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it. Written notification may be submitted by mail to address below or via email to accounting@leadsclub.com. Fees are not refundable.

Check appropriate recurring fee payment:

Monthly _____ **Quarterly** _____ **Semi-Annual** _____

(Member/Recipient Signature) (Printed Name) (Date)

(Member's Address – Street, City, State, Zip) (Phone – with Area Code)

(Chapter Name) (City, State)

(Please attach a voided check HERE.)

