

Authorization For Direct Payment



I authorize GreatCall, Inc. to initiate Direct Payment from my
Check one: () **Checking Account** () **Savings Account**
for payment of my GreatCall account#

NAME:

PHONE NUMBER:

ADDRESS:

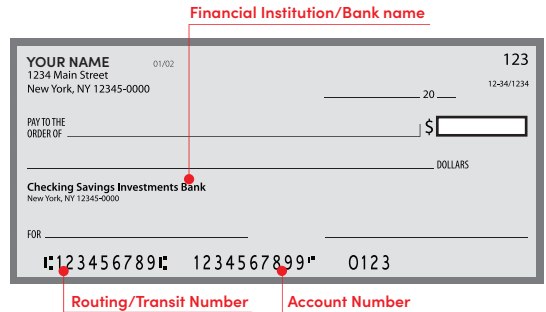
EMAIL ADDRESS (if available):

FINANCIAL INSTITUTION/BANK NAME (please print):

ACCOUNT NUMBER AT FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION ROUTING/TRANSIT NUMBER:

FINANCIAL INSTITUTION CITY AND STATE:



I acknowledge that the origination of Direct Payment (ACH transactions) from my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature: Date:

We Accept The Following Credit Cards For Payment

Please select which card you would like to use for payment:



PLEASE CHOOSE ONE: () MONTHLY RECURRING () ONE-TIME ONLY

LIVELY ACCOUNT #: EXPIRATION DATE:

CARD NUMBER: CITY: STATE: ZIP:

BILLING ADDRESS: SIGNATURE:

AMOUNT AUTHORIZED:

Have You Moved Or Changed Your Phone Number?

Please provide your new address or telephone number. Your records will be updated on request.

EFFECTIVE DATE: ACCOUNT NAME:

NEW ADDRESS: ACCOUNT #:

CONTACT NAME: CITY: STATE:

WORK NUMBER: PHONE NUMBER:

SIGNATURE:

Mail completed form to:
Lively, Inc. | ATTN: Financial Services | P.O. Box 4428 | Carlsbad, CA 92018