

Direct Debit Authorization Form

(Easy Shopping Program)



Lyonesse America Inc. 1200
East Las Olas Blvd.
Suite 300
Fort Lauderdale, FL 33301
Telephone: (888) 565-8089

New

Delete

Change

Name of the Company: _____

Name of the Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Loyalty Merchant ID# (If applicable): _____

Bank Information

Bank Name: _____

Account Owner: _____

Account Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits): _____

Bank Account #: _____

Automatic direct debits will be withdrawn 3 days before monthly orders are processed.

Monthly orders are processed on the 1st Monday of each month.

I (We) understand and agree that Lyonesse America Inc. and/or its subsidiaries (Lyonesse) will initiate debit and/or credit entries to/from the checking account referenced above for services rendered and/or products purchased as per Easy Shopping Order Form between the member and Lyonesse; and so authorize said credits and debits as they occur. I (We) understand and agree that charges declined by the financial institution which maintains the above named checking account will constitute grounds for cancellation of service and that all charges incurred for Lyonesse' services and products plus any bank charges incurred will be subject to collection procedures.

It is the responsibility of the Lyonesse Member to maintain sufficient funds to cover the authorized ACH drafts, therefore there will be a \$15.00 fee for every unsuccessful attempt due to unavailability of funds.

Lyonesse is hereby authorized to draw drafts of ACH debits or issue ACH credits on the account maintained by me (us) at the above named financial institution. This authorization shall remain in effect unless and until Lyonesse has received written notification from me (us) that this authorization has been terminated in such time and manner to allow Lyonesse to act which may take up to thirty days. By executing this Authorization Form, the undersigned individuals represents, warrants, and acknowledges that: If this is a corporation, limited liability company, or partnership, the individual(s) executing this form has the requisite legal power and authority to complete and submit this form on their behalf. The undersigned represents and warrants to Lyonesse that the person executing this form is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature _____ Date ____/____/____

Print Name and Title _____

ATTACH PRE-PRINTED VOIDED CHECK

Easy Shopping Gift Card Availability Form



Lyonesse America Inc. 1200
 East Las Olas Blvd.
 Suite 300
 Fort Lauderdale, FL 33301
 Telephone: (888) 565-8089

These Gift Cards are only available through the Easy Shopping Program. Please select desired gift cards with the denomination and provide that information on the Easy Shopping Order Form.

DESCRIPTION	AMOUNT
Outback Steakhouse	\$25
BP	\$100
BP	\$250
Exxon Mobil	\$100
CVS Pharmacy	\$25
CVS Pharmacy	\$100
Lord & Taylor	\$100
Sears	\$25
Sears	\$100
Kmart	\$100
Chevron	\$100
American Airlines	\$100
Home Depot	\$25
Home Depot	\$100
Footlocker	\$25
California Pizza Kitchen	\$25
California Pizza Kitchen	\$50
California Pizza Kitchen	\$100
Subway	\$25
Subway	\$50
Office Depot	\$50
Darden	\$50
Doris Market	\$25
Rotelli Pizza and Pasta	\$25
Rotelli Pizza and Pasta	\$50
The Billiard Club	\$50
The Billiard Club	\$100