ADVANTAGE Alliance™ PROGRAM

Toll-free 833.908.4261

EASY PAY AGREEMENT

Please complete and return this form by mail.

AdvantageAllianceProgram.com

Fields marked with an asterisk (*) are required.

PART A: CUSTOMER INFORMATION

The following Easy Pay Agreement must be completed by the primary Advantage Alliance Program account holder.

Primary Account Holder: Mr Mrs Miss Ms (Please Circle)	First Name*:	Middle Name:	Last Name*:

Primary Phone:	**Secondary Phone:**	**Email:**

Service Address*: Number, Street Name, Unit Number	**City*:**	**State*:**	**Zip Code*:**
Mailing Address: (If different from above) Number, Street Name, Unit Number	**City*:**	**State*:**	**Zip Code*:**

PART B: BANKING OR CREDIT CARD INFORMATION

OPTION 1: FOR BANK ACCOUNT PAYMENTS (PLEASE ATTACH A VOID CHECK)

Bank Account Holder: (Name on check must match Advantage Alliance Program primary account holder who is financially responsible for the Advantage Alliance Program account.)

First Name*:	**Middle Name:**	**Last Name*:**

Financial Institution*:	**ACH Routing Number*:** (9 digits)

Bank Account Number*:

OPTION 2: FOR CREDIT CARD PAYMENTS

Credit Card Holder: (Name on credit card must match Advantage Alliance Program primary account holder who is financially responsible for the Advantage Alliance Program account.)

First Name*:	**Middle Name:**	**Last Name*:**

Type of Credit Card*:	**Credit Card Number*:**	**Expiration Date*:** (mm-yy)
____ Visa ____ MasterCard ____ DISC ____ AMEX		

PART C: TERMS OF AGREEMENT

I authorize Advantage Experts Services LLC, or an affiliate thereof, to debit monthly regular recurring payments from the Account Number listed above in Part B, Option 1, at the financial institution I have designated, for charges arising in connection with my Advantage Alliance Program account number listed above in Part A. I have consulted with my financial institution to verify my bank routing number and that this debit payment option is available through my bank account. If I am a business account customer, my signature confirms that I have the authority to bind the entity for which I sign. I understand that my regular monthly payment amount will vary from time to time. My payment will be debited from the account I have specified on the due date shown on the regular monthly bill issued by Advantage Alliance Program. Each bill will have a due date at least 18 days after the date the bill is mailed. If the scheduled due date falls on a day that banks are closed, I understand that the debit will occur on the next regular business day. Once my authorization has been processed, Advantage Alliance's bills will reflect that automatic debiting is in effect for my account. Advantage Alliance will obtain my further authorization for any other one-time or sporadic debits by Advantage Experts Services LLC of an affiliate thereof.

This authorization will remain in effect until I notify Advantage Alliance Program, in writing, of its change or termination or Advantage Alliance Program terminates it for any reason, including failure of my financial institution to honor a transfer request. I understand that Advantage Alliance Program requests such notification, by email to the Advantage Alliance Program Customer Care Department at HSSupport@AdvantageAllianceProgram.com, no later than 30 days before the next debit is scheduled. I further understand that I may stop payment by contacting my financial institution directly at any time up to three (3) business days prior to the debit date. If I elect to stop payment or terminate this authorization, I understand that payment is nonetheless due on the date shown on my monthly bill.

I also understand that my financial institution may give (or may already have given) me written disclosures of my rights and obligations regarding electronic funds transfers, which I should read (or have read) carefully, and that nothing contained in this authorization is intended to alter or amend any disclosures given by my financial institution.

Authorized Signature for personal or business accounts*:**	**Date*:**

****I have the authority to bind the corporation.**

Please complete and return this form to Advantage Alliance Program Customer Care Department by mail:

Mail: Advantage Program Processing Department
3400 N Central Expressway, Suite 410
Richardson, TX 75080

If you have any questions, please call 833.908.4261.

The information collected on this form is for the sole purpose of providing our customers with home services and for the collection of our customer accounts. For a copy of the Advantage Alliance Program Privacy Policy, see our website at AdvantageAllianceProgram.com.