



LunarSky Productions, Inc. – EZPay Plan Authorization and Agreement for Monthly ACH Checking Account Transaction

Thank you for your interest in LunarSky Productions' EZPay Plan that will enable us to directly bill your bank account each month.

AUTHORIZATION FOR AUTOMATIC WITHDRAWALS FROM BANK ACCOUNT	
_____	_____
My Bank's Name	My Bank Branch
_____	_____
My Bank's City	My Bank's Routing Number (from Check)
_____	_____
My Bank's State	My Bank Account Number
_____	_____
My Name	My Domain Name or LunarSky Customer Number
ID Type: <input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Government ID <input type="checkbox"/> Military ID	
_____	_____ / ____ / ____
ID Number	ID Expiration (mm/dd/yyyy)
<p>I hereby authorize LunarSky Productions, Inc. to withdraw funds ("debits") from my checking or savings account ("Bank Account") identified above at My Bank identified above through the Automated Clearing House system, as more fully described on the reverse. I also authorize LunarSky Productions, Inc. to initiate deposits ("credits") to my Bank Account to correct any errors that may have been made with debits to my Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account.</p>	
<p>This authorization will remain effective until I give LunarSky Productions, Inc. 30 days written notice to the contrary and LunarSky Productions may require the full 30 days to act on an add, change or removal notice. My revocation of LunarSky Productions' authority to initiate debits to my Bank Account will not affect LunarSky Productions' right to initiate credits to my Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.</p>	
<p>I warrant to LunarSky Productions, Inc. and to LunarSky Productions' Bank that:</p>	
<input type="checkbox"/> Only my signature is needed on this authorization to make it effective for my Bank Account.	
<input type="checkbox"/> Everyone whose signature is needed on this authorization to make it effective for my Bank Account has signed it.	
_____	()
Today's Date	My Telephone Number
_____	_____
My Signature	Signature of Other Required Signer

Please see reverse for additional important information.

NOTICE: PLEASE ATTACH A VOIDED CHECK AND PROOF OF ID.



LunarSky Productions, Inc. – Authorization for Automatic ACH Checking Withdrawal Form

LunarSky Productions, Inc. will make available to you, a billing statement at least ten (10) days before your bank account will be charged for your monthly provided service(s). The bill will indicate the amount to be charged, which may vary from month to month.

If your bank refused to make a payment in accordance with this authorization and a monthly billing statement because there are insufficient funds in your deposit account to cover the payment, your LunarSky Productions, Inc. account will be charged a dishonored payment fee of \$25.00 plus tax and you will remain responsible to LunarSky Productions, Inc. for the amount that was billed but not paid.

LunarSky Productions, Inc. will not be responsible for any actions or omissions that your bank may commit or allow to occur in violation of your bank's legal or contractual obligations to you.

Questions about your LunarSky Productions, Inc. Services bill should be directed to LunarSky Productions, Inc., not the bank.

This authorization will be processed by LunarSky Productions, Inc. as soon as possible. However, this may not occur in time for payment of your next billing statement. If your next billing statement does not indicate that an automatic payment will be taken from your bank account, you should pay that bill by check, credit card or money order.

LunarSky Productions, Inc. may terminate automated billing to your bank account at any time, upon at least ten (10) days advance written notice to you.

You may choose to fax this form along with your voided check and proof of ID to 1-866-458-6277 or mail to:

LunarSky Productions, Inc.
P.O. Box 2477
Goldenrod, FL 32733

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