Return by Fax
877-294-8872

Direct Debit Authorization

Print Form

Company Name: _____

I wish to pay by direct debit until I revoke authorization in writing with 30 days notice:

Institution Name: _____ Account Number: _____

Transit ABA #: _____ Institution Phone Number: _____

Institution Address: _____

Client Name: _____

Address _____

City _____State _____ZIP _____

Disclaimer: In Signing you acknowledge that You have read and agreed to the Live Answer Receptionist Standard Terms and Conditions (LiveAnswerReceptionist.com/tandc.pdf) **RETURN BY FAX 877-294-8872**

Subscriber Signature _____Date_____

Return by Fax
877-294-8872

Credit Card Authorization

Print Form

Company Name: _____

I wish to pay by credit card until I revoke authorization in writing with 30 days notice:

Card # _____

Expires (MM/YY) _____ 3-digit Security Code _____

Check One ☐ Visa ☐ M/Card ☐ AMEX

Name (on card) _____

Address_____

City _____State _____ZIP _____

Disclaimer: In Signing you acknowledge that You have read and agreed to the Live Answer Receptionist Standard Terms and Conditions (LiveAnswerReceptionist.com/tandc.pdf) **RETURN BY FAX 877-294-8872**

Subscriber Signature _____Date_____