



Credit Card / ACH Authorization

Organization Name: _____
TIN/EIN: _____
LMM Account: _____
Contact Email: _____
Contact Name: _____
Contact Phone: _____

Complete for Credit Card Payment (Select One):

- Visa MasterCard American Express Discover
 No Approval Required for Each Use Approval Required with Each Use

Name as it Appears on Credit Card: _____

Card Number: _____ Expiration Date: _____

Complete for ACH Debit Payment (Select One):

- Checking Account Savings Account

Depository Name: _____

Branch: _____

City: _____ St: _____ ZIP: _____

Routing Number: _____

Account Number: _____

I hereby authorize Lake Michigan Mailers, Inc. to initiate credit entries and if necessary debit entries and adjustments for any debit/credit entries in error from the depositories and accounts listed herein.

This authority is to remain in full force and effect until Lake Michigan Mailers, Inc. has received written notification from me or my organization as to its termination in such time and in such manner as to afford Lake Michigan Mailers, Inc. and DEPOSITORY a reasonable opportunity to act on it.

Signed: _____

Date: _____