



## 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: \_\_\_\_\_