



## Automatic Billing Authorization Form

To enjoy the convenience of automatic billing, simply complete the Information section below and sign the form. All requested information is required. We will automatically bill your preferred payment method for the total charges upon approval. You may cancel this automatic billing authorization by giving written notice in enough time for us and receiving financial institutions to have a reasonable opportunity to act on it.

### Authorization

I authorize Grow Marketing Agency to electronically debit my bank account or credit card for these types of transactions.

Marketing Plan    All Invoices    Other

### Customer Bank Account Information for ACH (Preferred)

Account Type    Checking    Savings

Bank Name

Bank Phone Number

Account Holder Name

Routing Number

Account Number

OR

### Customer Credit Card Information

Name on Account

Card Number

Expiration Date

CSV

Zip Code

Signature

Date

**PLEASE UPLOAD THIS DOCUMENT AND ALL SENSITIVE FINANCIAL INFORMATION TO OUR SECURE CLIENT PORTAL WITH COUNT YOUR BLESSINGS BOOKKEEPING**

GROW SECURE CLIENT PORTAL