



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

Street Address

State

Zip Code

Card Number

Expiration Date

CSV

Signature

Date

Company Name

**PLEASE UPLOAD THIS DOCUMENT AND ALL SENSITIVE FINANCIAL INFORMATION TO OUR
SECURE CLIENT PORTAL**