

# GMP Internet Marketing, LLC

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## Payment Authorization Form

Electronic Check [ACH] Authorization Form

**Client/Company Name:**

**Phone/Fax/Email:**

### ACH

Account Holder's Name:

Account Holder's Zip Code:

Bank Name:

Bank City, State:

Account Number:

Routing Number:

### Authorization

Client Name [print]:

Client Signature:

Date:

*Special notes:*