



Marana Group®

Credit Card / ACH Authorization

Organization Name: _____

TIN/EIN: _____

Marana Group® 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 Marana Group® 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 Marana Group® has received written notification from me or my organization as to its termination in such time and in such manner as to afford Marana Group® and DEPOSITORY a reasonable opportunity to act on it.

Signed: _____

Date: _____