



## Credit Card, E-Check, ACH Authorization Form

Please complete the follow information and return to a Munson Lakes Nutrition representative or email [info@munsonlakes.com](mailto:info@munsonlakes.com).

Customer/Account Name:

PAYMENT PROCESSING		
Process payment after every order:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Process payment only when customer notifies Munson Lakes Nutrition to process payment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

E-CHECK / ACH	
Name on Checking Account:	
Bank Routing Number (9 digits):	
Account Number:	

CREDIT CARD				
Name on Credit Card:				
Card Number (16 digits):				
Expiration Date (MM/YY):				
CVV Code (3 digits):				

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**Customer Signature:** \_\_\_\_\_ **Date:**