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Complete & sign authorization for *EITHER* credit card *OR* electronic funds transfer payment:

For EFT billing (monthly checking account debit):	For Credit Card billing (monthly credit card debit):
Customer's Name (as it appears on Bank account):	□ Mastercard □ Visa
Bank Name:	Name on Card:
Bank Account Type: ☐ Checking ☐ Savings	CC#:
Bank ABA Routing Number:	Expiration:/
Bank Account Number:	V-Code (3 digits on back of card):
Bank Billing Address:	Card Billing Address:
Address:	Address:
City: State: ZIP:	City: State: ZIP:
By signing below, I authorize Lift Marketing Group, Inc. to directly debit my bank account starting the day of scheduled Input Call and on the same day of each month following until I cancel the service or arrange another payment option for the amount of \$ for online marketing services. (Special rate valid for first 12 months, then full monthly rate will apply.)	By signing below, I authorize Lift Marketing Group, Inc. to charge my credit card starting the day of scheduled Input Call and on the same day of each month following until I cancel the service or arrange another payment option for the amount of \$ for online marketing services. (Special rate valid for first 12 months, then full monthly rate will apply.)
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RETURN TO KEVIN VIA FAX (888-728-9894) OR EMAIL (kevin@liftmarketinggroup.com)