



GREATER
MANKATO
GROWTH

MEMBERSHIP PAYMENT AUTHORIZATION FORM

Pay your membership the easy way! Greater Mankato Growth is pleased to offer you different options to pay for your membership. Either pay for your full membership in one payment or choose from two automatic payment options: automatic recurring payments through your bank account or credit card. You can always view your open invoices and pay online in the Member Login area of the Greater Mankato Growth website (visit greatermankato.com and click on "member login" under the membership tab).

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS PHONE: _____

FREQUENCY OF PAYMENT: ONE-TIME PAYMENT ANNUALLY SEMI-ANNUALLY MONTHLY

ONE-TIME PAYMENT AMOUNT _____

RECURRING PAYMENT AMOUNT: _____

DATE TO BEGIN PAYMENTS: _____

COMPLETE FOR AUTOMATIC BANK WITHDRAWAL

FINANCIAL INSTITUTION: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

**For checking account, attach a voided check from the account you wish to have your bill paid.*

ACCOUNT NUMBER: _____ BANK ABA/ROUTING NUMBER: _____

CREDIT CARD INFORMATION

Visa MasterCard Discover American Express

NAME ON CARD: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE (LAST 3 DIGITS ON BACK OF CARD): _____

BILLING ZIP CODE: _____

AUTHORIZATION

For one-time payments I authorize Greater Mankato Growth, Inc. to deduct the amount listed above in the one-time payment amount field. For reoccurring payments, I authorize Greater Mankato Growth, Inc. to instruct my financial institution to make my membership payment(s) from the account above on the 1st of the month for each month payment is due*. This authorization will remain in effect until December 31 of each year, automatically renewing on January 1 of each following year, unless written notification is received by Greater Mankato Growth, Inc. at least 30 days prior to the January 1 automatic annual renewal (December 1 or earlier). If there are Non-Sufficient Funds (NSF), I agree to pay a return payment fee of \$30 in addition to my membership payment.

AUTHORIZED REPRESENTATIVE NAME (PRINTED): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

**Must include both signatures if the funds are to be drawn from a joint bank account.*

**Payment due dates determined by frequency of payment: Annual: January 1; Semi-Annual, January 1 and July 1; Monthly: 1st of each month.*