

AUTHORIZATION FORM

Real Estate Magazine

ES14697

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

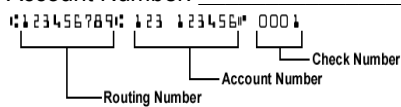
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment
<input type="checkbox"/> Change payment date	

Last Name	First Name
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Address _____

City	State	Zip
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Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Frequency of payment: (please check only one) <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Semi-monthly on the 1 st and 15th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
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CHECKING / SAVINGS	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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I authorize the above company and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
	Name on Card: _____		
	Billing Address (if different from above): _____		
	I authorize the above company and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		

Please attach voided check over credit card section above if using checking account.