

AUTHORIZATION FORM

Morning Star Agency Insurance Services, Inc.

ES10803

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	
Address		
City	State	Zip
Please debit payments from my (check one):	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	
<input type="checkbox"/> Checking Account (attach a voided check below)	Account Number: _____	
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	⑆ 23456789⑆ 23 23456⑆ 000⑆ Routing Number Account Number Check Number	
Date of first payment: ____/____/____	Frequency of payment: (please check only one)	Amount of one time payment: \$ _____
<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly on the _____	
AGREEMENT		
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: _____

Please attach voided check here.