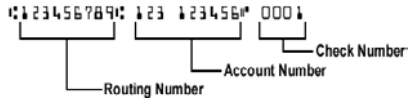


AUTHORIZATION FORM

Organization Name: Murphys Sanitary District

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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Service Address:

Effective date of authorization: _____		Email _____	
Type of Authorization Form:	New Authorization Change payment amount Change payment date	Change banking information Discontinue electronic payment	
Last Name		First Name	
Address		Phone #	
City		State	Zip
MONTHLY PAYMENT:	Frequency of payment:	Amount of payment:	\$ _____
Date of 1 ST payment:	% One-time Payment % Monthly on _____	Set-up Fee One-time	\$ _____
____/____/____	1 st Payment amount \$ _____ Regular monthly payment \$ _____	TOTAL	\$ _____
CHECKING / SAVINGS	Please debit payments from my (check one):		Routing Number: _____
	Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
I authorize the above organization to process debit transactions to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____			Date: _____

* For office use only:

- Vanco Customer Set-up
- QB Customer edit
- Invoice
- Excel
- E-mail authorization/confirmation to customer
- Vanco Confirmation report

Stop auto-pay Vanco _____
Stop auto -pay QB _____