

AUTHORIZATION FORM

Trail Blazer Campaign Services, Inc.

ES11219

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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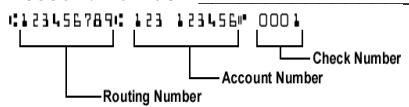
Effective date of authorization: _____
Type of Authorization Form: <input type="checkbox"/> New Authorization

Last or Organization Name	First Name
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Address

City	State	Zip
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Date of payment: _____ / _____ / _____	<input type="checkbox"/> One time only authorization	Amount of payment: \$ _____
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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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CHECKING / SAVINGS	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: _____
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	Please attach voided check here
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