AUTHORIZATION FORM

Trail Blazer Campaign Services, Inc. **ES11219**

FOR OFFICE USE ONLY	CUSTOMER #	DATE

Effective date of authorization: _____

Type of Authorization Form: ❑ New Authorization ❑ ❑ ❑ ❑ ❑

Organization or Last Name	First Name	
Address		
City	State	Zip

Date of payment:	**Frequency of payment:** (please check only one)	**Amount of payment:**
____/____/____	❑ Weekly – Mondays ❑ Semi-Monthly – 1st and 15th ❑ Monthly on the 1st ❑ Monthly on the 15th ❑ One time only	$ _____

CHECKING / SAVINGS

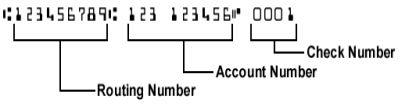
Please debit payments from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



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): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

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.

Send completed form to: fax 952-767-2655 or email sales@trailblz.com