

AUTHORIZATION FORM

Greater Midwest Realty

ES16116

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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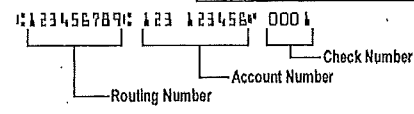
Type of Authorization Form: (Please check appropriate box(es) below)

- New Authorization – Payment amount \$ _____ - First draft date _____
- Change payment amount – New payment amount \$ _____ - Effective date of change _____
- Change payment date – New payment date _____ - Effective date of change _____
- Change banking information – Effective date of change _____
- Discontinue electronic payment – Effective date of change _____
- One-time payment – Payment amount \$ _____ - Date of draft _____

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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AGREEMENT

I authorize the above company to process variable debit entries each month for the balance due on my account. I understand that this authority will remain in effect until I provide a 30 day written notification to terminate the authorization.

Authorized Signature: _____ Date: _____

