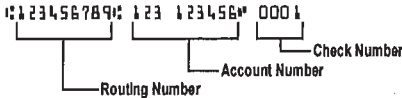


AUTHORIZATION FORM

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): <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: _____ 
Date of first payment: ____/____/____	Frequency of payment: (please check only one) <input type="checkbox"/> One Time <input type="checkbox"/> Monthly on the _____	Amount of one time payment: \$ _____
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.