



VALLEY VIEW SOUTH AUTOMATIC PAYMENT FORM

Vanco Payment Solutions

Date: _____

Name of Owner: _____

Address: _____

Date of First Payment: _____ Payment Amount \$ _____

Checking Account Number: _____

Routing Number: _____

I authorize MJF and Associates Inc. 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: _____

Mail or email to:

MJF and Associates Inc.
1940 So. Greeley Street, Suite 104
Stillwater, MN 55082
matt@mjfandassociates.net

Any questions please call Matthew Fee at (612) 819-0133