



MUNICIPAL INTERCEPT SERVICES LLC PARTICIPATION FORM

SECTION 1: (MANDATORY)

Name of Organization: _____

Address: _____

City/State: _____ Zip Code: _____

Contact Person: _____

Title/Position: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

MIS system notifications and remittance advice will be sent to this email

SECTION 2: (OPTIONAL) ONLY COMPLETE THIS SECTION IF YOU INTEND TO USE A THIRD PARTY AGENCY

Name of Organization: _____

Address: _____

City/State: _____ Zip Code: _____

Contact Person: _____

Title/Position: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

MIS system notifications and remittance advice will be sent to this email

Authorized Signature ONLY:

AUTHORIZATION: _____

Signature

Title

Name

Date

 Please attach a signed *Memorandum of Understanding and Agreement* and a signed *Direct Deposit Authorization Form*

Return To:

Municipal Intercept Services LLC
P.O. Box 1270
Montgomery AL 36102