



Installment Membership – Debit Authorization Form

I hereby authorize **IMPACT AUSTIN FOUNDATION** to initiate debit and/or credit entries to my account at the depository financial institution name(s) below:

Account Holder's Name: _____

Name of Financial Institution: _____

Bank Address: _____

Account Number: _____

ACH Routing Number (9 digits): _____

Please include a voided check or deposit slip with this form.

Check One: Checking Account? _____ Savings Account? _____

I agree to pay a total membership contribution of \$1,250.00 to **IMPACT AUSTIN**, in monthly installments as outlined below. I understand that all payments must be completed by December 20, 2016, and that there is a \$5.00 service charge assessed on each payment. I further understand that a service charge of \$15.00 will be assessed if there are insufficient funds when my account is drafted under the schedule below. I understand that the membership installment payments will be debited on or about the 20th of each month until paid in full, as follows (please check one, allowing at least 5 business days before the first scheduled payment for processing setup):

| | No. of Payments | Payment Amount | Service Charge | Total Payment | Beginning Month | Ending Month |
|--|------------------------|-----------------------|-----------------------|----------------------|------------------------|---------------------|
| | 6 | \$208.33 | \$5.00 | \$213.33 | 7/20/2016 | 12/20/2016 |
| | 5 | \$250.00 | \$5.00 | \$255.00 | 8/20/2016 | 12/20/2016 |
| | 4 | \$312.50 | \$5.00 | \$317.50 | 9/20/2016 | 12/20/2016 |
| | 3 | \$416.67 | \$5.00 | \$421.67 | 10/20/2016 | 12/20/2016 |
| | 2 | \$625.00 | \$5.00 | \$630.00 | 11/20/2016 | 12/20/2016 |

I understand that until my installment membership is paid **IN FULL**, I will not be an active member of **IMPACT AUSTIN**. I agree that if I am unable to fulfill my \$1,250 installment membership obligation, any monies collected by **IMPACT AUSTIN** will be retained by the organization as a donation and are **NONREFUNDABLE**.

*This authorization is to remain in full force and effect until **IMPACT AUSTIN** has received written notification from me of its termination by email to accounts@impactaustin.org in such time and in such manner as to afford **IMPACT AUSTIN** a reasonable opportunity to act on it.*

Signature: _____ Date: _____