



Impact Development Fund
Your Place. Our Passion.

Impact Development Fund
200 E. 7th Street, Suite 412
Loveland, CO 80537
970.494.2021 Fax 970.494.2022
www.impactdf.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)

Company Name: Impact Development Fund (fka Funding Partners)

I (we) hereby authorize Impact Development Fund, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Savings account (select one) indicated below at the banking institution named below, hereinafter called **BANK**, and to debit the same to such account in the amount of \$

Bank Name: _____

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and manner as to afford **COMPANY** and **BANK** a reasonable opportunity to act on it. Please include all names as they appear on the account to be drafted.

Name: _____ **Name:** _____
PLEASE PRINT PLEASE PRINT

Signature: _____ **Signature:** _____

Loan Number: **Date:** _____

I would like my payment to be withdrawn on the:
 1st of each month
 5th of each month
 15th of each month **Starting on:** _____

PLEASE NOTE: YOU MUST ATTACH A CANCELLED CHECK (UNSIGNED) FROM THE ACCOUNT YOU WISH TO HAVE DRAFTED IN ORDER TO PROCESS THIS REQUEST.

**ATTACH VOIDED
CHECK**