



**Impact Development Fund**  
200 E. 7<sup>th</sup> 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**

Borrowers can make monthly payments by mailing a check, setting up bill pay directly with a bank, or setting up ACH payments directly with IDF. If you would like to enroll in auto pay with IDF, please complete this form. 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:** \_\_\_\_\_

**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I would like my payment to be withdrawn on the:  
 1<sup>st</sup> of each month  
 5<sup>th</sup> of each month  
 10<sup>th</sup> of each month  
 15<sup>th</sup> 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

**ATTACH VOIDED  
CHECK**