

IMPACT

Political Action Committee of the Independent Insurance Agents of Texas
1115 San Jacinto, Suite 100 – P.O. Box 684487 – Austin, TX 78768-4487
800-880-7428

CREDIT CARD AUTHORIZATION AGREEMENT

Please accept this as your authorization to debit preauthorized payments from my PERSONAL credit card account as listed below (CORPORATE CREDIT CARDS CANNOT BE ACCEPTED). This authority is to remain in full force and effect until IMPACT has received written notification from me of its termination in such time and in such manner as to afford IMPACT and Depository a reasonable opportunity to act on it.

Payment Method: Visa MasterCard AMEX Discover

Payment Frequency:

- One time payment of \$ _____
- 12 monthly payments of \$ _____
- 12 monthly payments of \$ 10
- 12 monthly payments of \$ 25

Credit Card Number: _____ Expiration Date ___ / ___

3 digit Security code on all but AMEX (usually on back of card) _____

Name on Card: _____

Billing Address (as on card statement): _____

City/State/Zip: _____

Daytime Phone Number: _____

E-Mail Address: _____

Signature: _____

PLEASE RETURN COMPLETED AUTHORIZATION FORM TO:

IMPACT
c/o IIAH
7500 San Felipe, Suite 600
Houston, TX 77063