



# IMPACT

Political Action Committee of the Independent Insurance Agents of Texas

1115 San Jacinto, Ste. 100 • P.O. Box 684487 • Austin, TX 78768-4487 • 800.880.7428 • iia.org

## Direct Debit Authorization Agreement (EFT)

I (we) hereby authorize Insurance Men and Women's Political Action Committee of Texas, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Member Name \_\_\_\_\_

Member Address \_\_\_\_\_

Agency Name \_\_\_\_\_

IIAT Agency Member Number \_\_\_\_\_

Please accept this as your authorization to debit preauthorized payments from my (our) checking/savings account as listed below.

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bank's Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

Payment Amount/Frequency  12 monthly payments of \$ \_\_\_\_\_  
 12 monthly payments of \$10  12 monthly payments of \$25  One time payment of: \$ \_\_\_\_\_

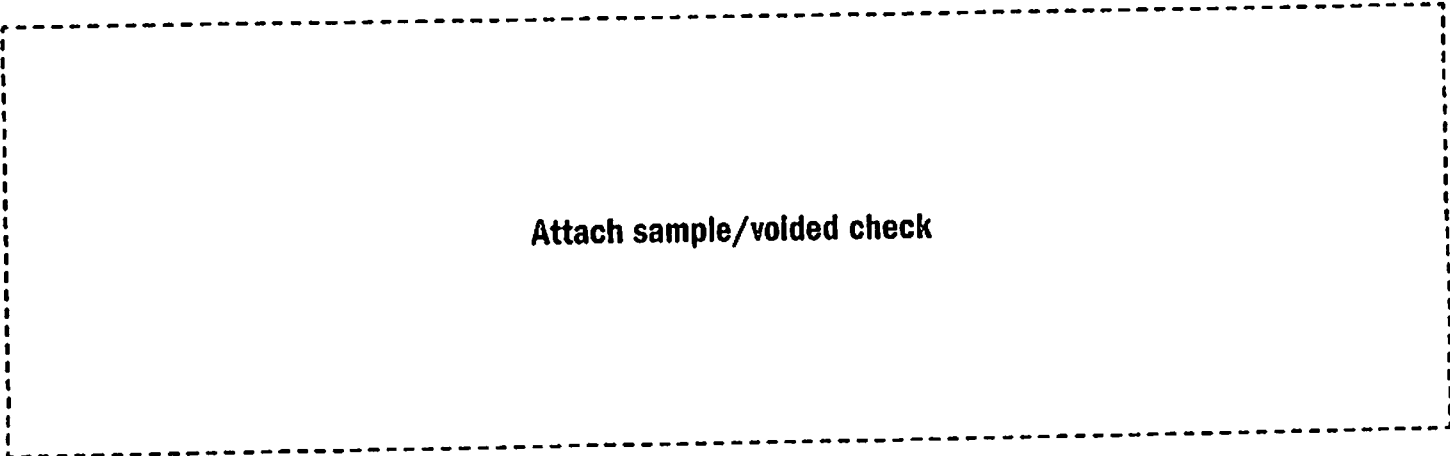
(Please attach a sample/voided check to this authorization as shown below)

This authority 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to IMPACT, P.O. Box 684487, Austin, Texas 78768.



Attach sample/voided check