Authorization Agreement for Direct Payment Donations to the Academy for Systems Change

To set up your donation directly through your saving or checking account, please complete this form, sign and send to:

Academy for Systems Change, PO Box 1012, Norwich, Vermont 05055

Donor Information

Name(s)__________________________________________________________________________
Street (or PO Box)_____________________________________________________________________
City:________________________ State/Province________________________ Postal Code__________
Country:_____________________ Telephone________________________ Email Address: ______________

☐ Yes I would like to subscribe to the Academy for Systems Change Newsletter

Purpose of this application

☐ Set up direct payment ☐ Stop debiting my account ☐ Change Banking Info

Please check a donation amount:

☐ $5.00 ☐ $10.00 ☐ $25.00 ☐ $50.00 ☐ $100.00 ☐ $200.00

Other donation amount $______________ Donation Starting Date:______________

Please check a donation frequency: ☐ Once ☐ Monthly ☐ Quarterly ☐ Annually

Please check the program or project you'd like to support:

☐ Unrestricted (funds will go towards the greatest need of the Institute)
☐ Next Generation Leaders Fellows Program
☐ Multimedia Toolkit for Systems Change
☐ Learning Hives (online learning on systems thinking)

BANK ACCOUNT WITHDRAWAL INFORMATION

Please check the Account Type: ☐ Checking ☐ Savings
Bank Name __________________ Bank Routing Number ____________________________

Bank Account Number ____________________________

By filling and signing this form, I (we) hereby authorize the Sustainability Institute, Inc., dba Academy for Systems Change to debit my (our) bank account to fulfill my (our) donation commitment. I (we) agree that a return fee might be charged if the funds are not available at the time of the scheduled donation. To discontinue debiting, or modify banking information, I (we) agree to send a new Authorization Agreement with the updated information via regular mail to Academy for Systems Change, PO Box 1012, Norwich VT 05055.

Signature ____________________________ Date ____________________________

Signature ____________________________ Date ____________________________

Holder(s) of bank account