

13650 Fiddlesticks Blvd, Suite 202-254

Fort Myers, FL 33912

Phone: 727-647-1150



I authorize Fusion Missions, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Billing Terms

Please select one set of billing terms below and enter the date and amount fields.

Starting on _____ day of _____ 2017 and on the 1st of each month following through _____ day of _____ 2018 for the amount of \$ _____.

****If no end date is required, please initial here; _____*

My bank account information is as follows:

Routing Number (9 digits): _____

Account Number: _____

Bank Account Type

Checking

Savings

Business Checking

This payment authorization is to remain in full force and effect until I, [Customer Name], notify [Merchant Name] of its cancellation by sending written notice in such time and in such manner to allow both the [Merchant Name] and receiving financial institution a reasonable opportunity to act on it.

Supporter Signature
Supporter Printed Name
Date Signed