MONTHLY MONETARY SUPPORT PROGRAM

Please use this form to enroll, change existing information, or to request that we contact you.

New Enrollment: _____  Change Existing Enrollment: _____

Name: ___________________________________________________________

Address: _________________________________________________________

City, State, Zip: _________________________________________________

Telephone: ______________________________________________________

E Mail Address: __________________________________________________
Deductions are made the 10\textsuperscript{th} or the 22\textsuperscript{nd} of each month. Please select the date each month you wish the deduction to occur:

10\textsuperscript{th} Day: ________  22\textsuperscript{nd} Day: ________ Date to commence:_____________

**For New Enrollees:**

Enter your total monthly donation amount $____________________________

**For Changes to Your Existing Account (choose only one below):**

increase my monthly donation by $ ________________
decrease my monthly donation by $________________________

Complete this section if you wish to assign a portion of your monthly donation to one state or special interest affiliate. Leave this section blank if you wish to contribute all your monthly donation to ACB:

Affiliate Name: __________________________________________________________

May we inform this affiliate of your donation? Yes: _____  No: _____

**For New Enrollees**

Enter amount you wish to designate (up to one half of monthly donation):

$___________________
For Changes to Your Existing Account (choose only one below):
increase my affiliate donation by $ ________________
decrease my affiliate donation by $ ________________

Complete this section if you wish to make your monthly donation via credit card:
Credit Card Type:
VISA: _______ Mastercard: _______ Discover: _______ American Express: _______
Credit Card Number: __________________________________________________________
Expiration Date (month/year): __________________________________________________
Name as it appears on the card (if different from above):

__________________________________________________
__________________________________________________

Complete this section if you wish to make your monthly donation via automatic monthly deduction from your bank account:
Checking: _______ Savings: _______
Bank Name: _________________________________________________________________
Bank Address: _______________________________________________________________
Bank City, ST, Zip: ______________________________________________________

Bank Routing Number: __________________________(9 digits-usually to the left of account #)

Account Number: ______________________________________________________

The best way to ensure your bank account deduction is set up accurately is to write “void” on one of your checks and attach it to this form. I hereby authorize the American Council of the Blind (ACB) to draft the amount indicated on this form, each month on the specified date, from my account or credit card as indicated below, as a contribution to ACB. ACB is further authorized to continue to draft funds, as set forth below, until I instruct ACB to alter or cancel this authorization. As an MMS participant, I understand that I can, at my sole option, designate a portion of my ACB monthly contribution (not to exceed one half) to one state or special interest affiliate of ACB, as designated below.

Please sign and date this form:

Authorized By: ___________________________ Date: ________________

<table>
<thead>
<tr>
<th>Previous Amount</th>
<th>Amount of Change</th>
<th>New Amount</th>
<th>Effective Date of Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACB Portion</td>
<td>_______ _______</td>
<td>_______</td>
<td>_________________________</td>
</tr>
<tr>
<td>Affiliate Designation</td>
<td>_______ _______</td>
<td>_______</td>
<td>Sponsor Recorded (if applicable):</td>
</tr>
<tr>
<td>Total Monthly Donation</td>
<td>_______ _______</td>
<td>_______</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

Processed By: __________________________________ Date: ________________

MMS Revision 061518