



IMPACT TECH, INC.
Advertiser Refund Authorization Form

In order to process your refund request, please complete and sign this form.

As an authorized representative of _____ ("Company"), I request and authorize Impact Tech, Inc. ("impact.com") to refund the balance held in Company's impact.com account as detailed below.

ACCOUNT INFORMATION:

Account name & Id: _____

Refund amount: _____

BANK INFORMATION:

Bank Name: _____

Bank Address: _____

Beneficiary Name: _____

Beneficiary Address: _____

Account Number: _____

Routing Number: _____

SWIFT/BIC: _____

Authorized Signature

IN WITNESS WHEREOF, this Refund Authorization Agreement is executed on behalf of Company by their following authorized individual as of the day and year first written below:

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____