



Authorization Agreement for Automatic Debits (ACH)

please complete form and email to kmeier@womensimpactfund.org or mail to
 Women's Impact Fund ~ 2525 Distribution Street ~ Charlotte, NC 28203

I authorize the Women's Impact Fund to initiate **debit** entries to my bank account for annual membership dues plus any additional Annual Fund donation amounts indicated below.

These withdrawals will occur on the last business day of each month.

I also authorize the Women's Impact Fund to initiate, if ever necessary, credit entries and adjustments for any debit entries in error to the same bank account.

Each year, the Women's Impact Fund will give me the opportunity to make changes for the new calendar year.

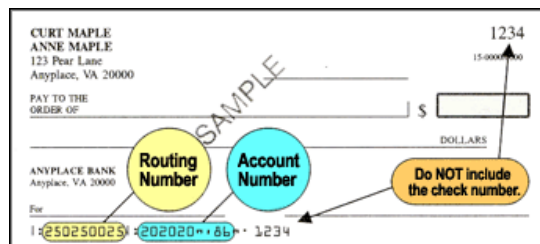
Bank: _____

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____

Account Number: _____

Please Indicate Type of Account: _____ **Checking** _____ **Savings**



Please debit an additional amount each month to the *Annual Fund* to provide needed resources for member engagement, education, operating needs and special opportunities:

\$10
 \$15
 \$25
 \$50
 Other: _____

Name (Please Print): _____

Date: _____ **Email:** _____

Signature: _____