



Authorization Agreement for Automatic Debits (ACH)

Please complete form and email to rossell@womensimpactfund.org or mail to
Women's Impact Fund | 2525 Distribution Street | Charlotte, NC 28203

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

Women's Impact Fund will give me the opportunity to make changes to my payment method each year.

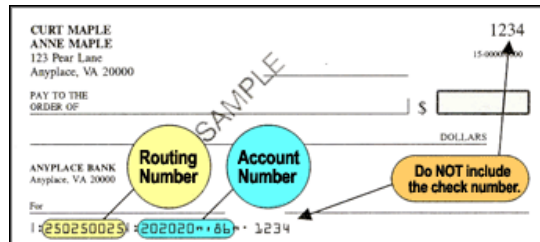
Bank: _____

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: _____