



Authorization Agreement for Automatic Debits (ACH)

Please complete form and email to fwilliams@womensimpactfund.org or mail to
Women's Impact Fund | PO Box 30864 | Charlotte, NC 28230

I authorize Women's Impact Fund to initiate debit entries to my bank account for annual membership dues plus any additional Annual Fund donation amount indicated below. If membership dues increase in the future, I authorize Women's Impact Fund to adjust my withdrawal accordingly.

These withdrawals will occur on/around 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 continue to draw from this account unless I request a cancellation. If I desire to change my method or amount of payment, I will contact the office.

Please choose monthly or yearly option and complete requested information.

Monthly: \$108.33 for 11 months and one month of \$108.37	Yearly: \$1300.00
By signing below, I authorize Women's Impact Fund to initiate this monthly draw at the end of the current month.	By signing below, I authorize Women's Impact Fund to make this yearly draw in the following month.
Monthly: _____	(check one) July: _____ December: _____
Debit an additional monthly amount to contribute to the Annual Fund helping to close the gap in member dues and the operating budget:	Debit an additional annual amount to contribute to the Annual Fund helping to close the gap in member dues and the operating budget:
\$100___ \$50___ \$25___ \$10___ Other: _____	\$1000___ \$500___ \$250___ \$100___ Other: _____
Printed Name: _____	Printed Name: _____
Signature: _____ (Must be digitally or hand signed. Cannot be typed in.)	Signature: _____ (Must be digitally or hand signed. Cannot be typed in.)

Bank: _____

City: _____

State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

Type of Account: _____ Checking _____ Savings

Is this an update? Yes: _____ No: _____

Today's Date: _____

Member email address: _____

John Adams 01/02 123
1234 Main Street
New York, NY 12345-0000
PAY TO THE ORDER OF _____ \$ _____
DOLLARS
Checking Savings Investments Bank
New York, NY 12345-0000
FOR _____
I: 123456789 I: 123456789 * 0123
Routing Number Account Number Check Number

Please return your completed form securely to this link in the WIF Dropbox:

<https://www.dropbox.com/request/jfZlcSkbBLr80pYam0BO>