



Authorization Agreement for Automatic Debits (ACH)

Please complete form and email to fwilliams@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 of **\$108.33 for 11 months and one month of \$108.37** plus any additional Annual Fund donation amounts 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 give me the opportunity to make changes to my payment method each year.

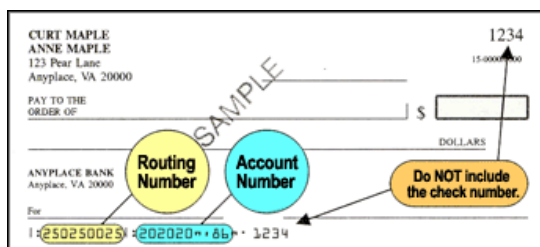
Bank: _____

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:

\$100 \$50 \$25 \$10 Other: _____

Name (Please Print): _____

Date: _____

Is this an update? Y N

Email: _____

Signature: _____

(Must be hand signed or digitally signed. Cannot be typed in.)