



Authorization Agreement for Automatic Debits (ACH)

I authorize the Women's Impact Fund to initiate \$100 or \$200 **debit** entries to my bank account plus any LEAP fund gift amounts indicated below.

Gift Options Available:

January – December (\$100 monthly)

July – December (\$200 monthly)

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.

In December, 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: _____

Checking OR Savings

Where can I find my Transit Routing Number (ABA Routing Number)?

Customer's Name Street Address City, State, ZIP	Check No. 00403
PAY TO THE ORDER OF _____	\$ _____ Dollars
Bank Name Street Address City, State, ZIP	
⑆044204224⑆ 0299999999⑆00403	
This is the location of the 9 digit Transit Routing Number for your Bank.	This is where you will find your account number.

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

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

Name: _____

Date: _____ Email: _____