



ACH Debit Authorization Agreement

I (we) hereby authorize the Women's Fund of Greater La Crosse to initiate debit entries to my (our) checking* / savings account (select one) indicated below at the depository financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____ Branch: _____

Amount: _____ MONTHLY on the 15th of the month or the last business day before the 15th of the month.

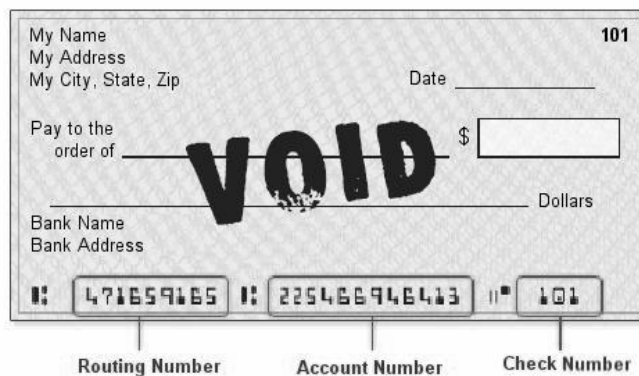
Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect, until the Women's Fund of Greater La Crosse has received written notification from me (us) of its termination. I (we) understand that written termination must be received by the Women's Fund at least one month prior to the scheduled transfer.

Name(s): _____
please print

Signature(s): _____ Date: _____

**Please attach a voided check to this authorization if checking account will be used.*



Return form to: Women's Fund of Greater La Crosse, P.O. Box 654, La Crosse, WI 54601

POSSIBILITY IS POWERFUL

P.O. Box 654 / La Crosse, WI 54602-0654 / Ph: 608-780-5710 / WOMENSFUNDLACROSSE.ORG