



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

COMPANY

NAME Feminist Women's Health Center

I (we) hereby authorize Feminist Women's Health Center, hereinafter called FWHC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account in amounts of \$ _____ monthly until my (our) total pledge of \$ _____ has been reached.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until FWHC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FWHC and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

(PLEASE PRINT)

DATE _____ SIGNED X _____

SIGNED X _____

******* PLEASE ATTACH A VOIDED CHECK*******

Please mail to: FWHC, 1924 Cliff Valley Way, NE, Atlanta, GA 30329

The Feminist Women's Health Center is recognized by the IRS as a charitable organization under Section 501(c)3 of the Internal Revenue Code.