



*On behalf of the women we serve,
we thank you for your financial support.*

Automatic Clearing House (ACH) Debit Authorization Form

After thoughtful consideration of the resources Women’s Resource Center offers to economically disadvantaged women and my/our wish to extend a hand up to women seeking economic self-sufficiency, I/we am/are pleased to make a donation to support the important work of Women’s Resource Center through ACH debit.

Donor Information:

Name(s): *Please print* _____

Address: _____ City/St/Zip: _____

Daytime Phone: _____ Preferred Email: _____

Donation Information: One time donation of \$_____ (minimum \$60)
 Ongoing donation of \$_____ per month (minimum \$5/month) or
\$_____ per quarter (minimum \$20/quarter)

Date to begin ACH donation _____ Date to end ACH donation _____
To give continuously, please write “continue” as the date to end the ACH donation.

Name of Financial Institution: _____

Donor Branch City: _____ State: _____ Zip: _____

Bank/Institution Routing Number (9-digits) _____

Account Number: _____

Please attach your VOIDED CHECK to this authorization form

I authorize Woman’s Resource Center to automatically withdraw donation(s) from the account/financial institution indicated below. If giving continuously, I understand that this contribution will remain in effect until I contact Women’s Resource Center in writing to stop this authorization. ACH debits will be set up with an effective date of the 25th of each month. If that date falls on a weekend or bank holiday, the following business date will be used.

Donor Signature

Date

Mail completed ACH form and your voided check to:

Women’s Resource Center
678 Front NW, Suite 180
Grand Rapids, MI 49504