

# EMMA GOLDMAN CLINIC

Women's Health Project Phone (319) 337-2112  
227 N. Dubuque Street Fax (319) 337-2754  
Iowa City, Iowa 52245 emmagoldman@avalon.net



## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

<b>COMPANY NAME:</b> Women's Health Project/Emma Goldman Clinic	<b>TAX ID NUMBER:</b> 42-1009939
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### CHECK ONE:

<input type="checkbox"/> <b>ADD</b> (New Preauthorized Debit Participant)	<input type="checkbox"/> <b>CHANGE</b> (Financial Institution and/or Account #)	<input type="checkbox"/> <b>DELETE</b> (Cancel Participation in the Program)
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**NOTE:** Due to the time required for company and bank processing, please allow up to two weeks for processing.

I (we) hereby authorize the Women's Health Project/Emma Goldman Clinic, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH
CITY	STATE	ZIP CODE

TRANSIT ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This is a \_\_\_\_\_Checking Account \_\_\_\_\_Savings Account (please check one)

I/We authorize the amount of \$\_\_\_\_\_ (minimum of \$5) to be debited on the 5<sup>th</sup> of each month

This amount should go to: \_\_\_\_\_Operating \_\_\_\_\_Emma's Choice Endowment  
**Please debit my account beginning \_\_\_\_\_ (month and year) and continue for**  
(please check one) \_\_\_One year \_\_\_Three years \_\_\_Five years

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **Please attach a voided check for account validation.**

NAME(S) - Please Print	TAX ID NUMBER	
ADDRESS	CITY/STATE	ZIP CODE

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_