

PAYMENT INFORMATION: (Authorization for Direct Payment - ACH Only)

All members must sign up for ACH withdrawal for monthly lunch payments and membership dues.

****Please provide a copy of a voided check.**

I authorize Women's Alliance of La Crosse to initiate entries into my bank account.
(Company Name)

This authority will remain in effect until I notify you in writing to cancel it in such a time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution Branch

City State Zip Code

Name, Please Print

Home Address, Please Print

City State Zip Code

Bank Account Number Financial Institution Routing Number

Checking Account Savings Account

Signed: _____ Dated: _____

Mail application and payment authorization from (ACH authorization above) along with a voided check to our Treasurer, Angie Jones at:

EWB Small Business Accounting SC
Attn: Angie Jones
1052 Oak Forest Dr. Suite 205
Onalaska, WI 54650