



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

This form is used to allow Transitions to automatically withdraw funds from an investors banking institution. Transitions is a 501 (c) 3, Federal ID 91-1307272. Please complete all sections of the form and return it with a voided check to:

Transitions
Attn. Development Director
3128 N Hemlock St.
Spokane, WA 99205

Section 1

Authorization for automatic monthly withdrawal from banking institution. Bank information:

Bank name: _____

Bank address: _____

Account number: _____ Routing number: _____

Starting date: _____ Amount: _____ [] monthly [] quarterly [] annually (select one)*

*withdrawals are made on the 15th of each month or the closest business day

Section 2

Authorization for automatic monthly withdrawal from banking institution. Investors' information:

Name: _____

Address: _____

Email: _____ Telephone number: _____

Any special instructions: _____

Section 3

I hereby authorize Transitional Programs for Women dba Transitions to initiate this automatic withdrawal from the account listed above. This authorization is to remain in effect until I inform Transitions to stop the withdrawal from the above stated account.

Signature: _____ Date: _____