

Agreement for Automatic Bank Draft

Please use this form to authorize Now She Rises, Inc. to set up a recurring donation to be deducted from your bank account. Your information will be kept secure and will never be shared with anyone.

Now She Rises, Inc. is a 501(c)3 non-profit so all donations are tax-deductible.

First & Last Name:					
Street Address:					
ty: State:			Zip Code:		
Financial Institution:					
Financial Institution City & State:					
*Attach a VOIDED CHECK to this fo		At a I set	the bottom of you ine of printed num	r checks, you will see bers. The first two cate the bank's routin	
Account Number:			1044072324	:000123456789	
Account Type: Checking Account Donation Amount: \$	Frequency:	Monthly	ROUTING NUMBER Quarterly	ACCOUNT NUMBER Annually	
I (we) hereby authorize Now She Rises, Inc the financial institution listed above for par transactions credited/debited in error. I ac must comply with the provisions of U.S. law notified by me (us) in writing to cancel it in institution a reasonable opportunity to act	. to initiate electronic d yment of my donation knowledge that the ori w. This authority will re such time as to afford	and, if necessination of A main in effec	sary, initiate adj CH transactions t until Now She	justments for any s to my account e Rises, Inc. is	
Signature:			Date:		

Once form is completed and signed, attach a voided check & mail to: Rise, PO Box 733, Keller, TX 76244 or

Scan and e-mail to donations@nowsherises.org

NOTE: If at any time you wish to change or cancel your bank draft, please contact Rise by phone at 940-202-0806 or by e-mail at donations@nowsherises.org.