



ACH / Direct Deposit Authorization Form

New Request

Change

Cancel

Section Information

Section Name/ Section ID	:	_____
Address	:	_____
City, State, ZIP	:	_____
Contact Name	:	_____
Contact Phone	:	_____
Contact Email	:	_____

Bank Information

Name On Account	:	_____
Account Number / IBAN	:	_____
Routing Number / SWIFT / BSB Code	:	_____
Account Type	:	_____
Bank Name	:	_____
Branch Location	:	_____

Authorization & Signature

I (we) hereby authorize Society of Women Engineers to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account indicated above. This authority is to remain in full force and effect until Society of Women Engineers has received written notification of its termination.

Signature	:	_____
Name	:	_____
Title	:	_____
Date	:	_____