



Automatic Withdrawal Authorization Form

I (we) authorize 1st Way Pregnancy Support Center to initiate withdrawals from my (our) account described below:

Checking Account # _____ Savings Account # _____
Financial Institution's Name _____
Financial Institution's Address _____

1st Way Pregnancy Support Center, Annual Campaign:

Frequency Amount
__ Weekly (Every Monday) \$ _____
__ 1st (Monthly) \$ _____
__ 15th (Monthly) \$ _____

Attach a voided check or savings deposit slip (below), or provide the financial institution's routing Number _____ (found between these symbols |:____-____:| on the bottom left of your check or savings deposit slip). Authorization is to remain in full force and effect until 1st Way has received written notification from me (or either of us) of its termination in such time and manner as to afford 1st Way a reasonable opportunity to act on it.

Signature _____ Date _____
Full Name _____
Address _____
Phone # _____ Cell: _____ Email: _____

Optional, for joint account:

Signature _____ Date _____
Full Name _____
Address _____
Phone # _____ Cell: _____ Email _____

Mail to:

1st Way Pregnancy Support Center
1515 Fairview Ave.
Missoula, MT 59801

Automatic Withdrawal forms may also be brought directly in to the 1st Way Pregnancy Support Center office.