



# Recurring Direct Debit Gift Option

Automatic Monthly or Quarterly Direct Debit Contributions

To establish this service, your bank must be a member of the ACH Network. Please complete this form and give a copy to your bank. Forward the original form to Zonta International Foundation, ATTN: Contributions, 1200 Harger Road, Suite 330, Oak Brook, IL 60523, along with a voided check (or deposit slip for a savings account) from the account to be debited. Please allow four to six weeks for the debits to begin.

## 1. Donor

Donor Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Zonta Club of \_\_\_\_\_ District \_\_\_\_\_ Area \_\_\_\_\_ Club \_\_\_\_\_

*We are pleased to offer you the option of making your gift automatically. Due to the administrative costs associated with such transactions, we ask that you consider a minimum monthly or quarterly contribution of US\$10.00. Thank you.*

## 2. Designation

[ Attach voided check/deposit slip here ]

International Service Fund	US\$
Zonta International Strategies to End Violence Against Women (ZISVAW) Fund	US\$
Amelia Earhart Fellowship Fund	US\$
Jane M. Klausman Women In Business Scholarship Fund	US\$
Young Women in Public Affairs Award Fund	US\$
Rose Fund	US\$
Endowment Fund	US\$
Amelia Earhart Fellowship Endowment Fund	US\$
<b>Total Foundation</b>	<b>US\$</b> <input type="text"/>

## 3. Authorization

I authorize debits to my bank account on the \_\_\_\_\_ day of the month.      • Monthly      • Quarterly  
 I understand that I can increase, decrease, or suspend contributions by contacting my bank and Zonta International Foundation.

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Type of Account    • Checking    • Savings

Account Number \_\_\_\_\_ ABA Routing Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_