



Wisconsin Chiropractic Association
Chiropractic Health Information & Education Fund (C.H.I.E.F.)
ACH Agreement

Please sign and complete this form to authorize the WCA to make an Automated Clearing House (ACH) debit from your bank account for your CHIEF pledge. **Once you have completed this form please attach a voided check of the account you wish us to debit from for verification and security purposes.**

BANK INFORMATION:

Bank Name _____

Name on Account _____ (must be an Individual and not a Business)

Bank Address _____

City _____ State _____ Zip _____

Bank Routing # _____ (first group of numbers at the bottom of your check)

Bank Account # _____ (second group of numbers at the bottom of check)

Checking Account Savings Account

ACH amount \$ _____ Monthly Quarterly Annual

Ongoing Pledge? Yes No

By signing this form you give the WCA permission to debit your account for your monthly, quarterly or annual CHIEF pledge. This authority is to remain in full force and effect until WISCONSIN CHIROPRACTIC ASSOCIATION has received written notification from you of its termination and in such time and in such manner as to afford WISCONSIN CHIROPRACTIC ASSOCIATION a reasonable opportunity to act on it. ACH withdrawals typically occur on the 3rd day of each month.

Signed _____ Date _____

Print Name: _____ Phone: _____



FOR INTERNAL USE ONLY

Date ACH Agreement Received _____

ACH Start Date _____