



**BRADLEY IMPACT FUND, INC.  
ACH  
AUTHORIZATION FORM**

By signing this form, you are agreeing to have your contribution debited from your checking or savings account to be invested according to your instructions.

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Frequency:

Weekly

Monthly

Quarterly

Annually

One-time

**CHECKING or SAVINGS ACCOUNT AUTHORIZATION**

I hereby authorize Bradley Impact Fund, Inc. to withdraw contribution funds from my **CHECKING/SAVINGS** account (circle one).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Return signed form with a copy of a voided check to:  
Bradley Impact Fund  
1400 N. Water Street, Suite 300  
Milwaukee, WI 53202