

ACH Electronic Payment Information Form

Organization Name	
Organization Mailing Address	
City/ State/ Zip Code	
Name of contact person	
Email of contact person	
Phone number of contact person	
Bank Name	
Bank Address	
Checking or Savings Account?	
Organization Bank Routing/ABA # (ACH) – (9 digits)	
Organization Bank Account	

By providing the information below, I request and authorize the Community Foundation to deposit payments by electronic funds transfer into the account specified below and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. This authorization will remain in effect until written notice to terminate is given.

Grant payment via ACH is preferable to the Foundation, but not required. Organizations that don't provide this form will be issued a paper check.

Note: if your organization is already set up to receive ACH payments from the Foundation, there is no need to submit this form unless your banking information has changed.

Signature:

Date: