

Authorization Agreement for ACH TRANSFER OF FUNDS
For deposit into U.S.A. Checking or Savings account only.

Instructions for completing this form:

1. All fields are required, unless otherwise noted.
2. Gather bank account information from banker, statement, or check.
 Please Note: Your organization's bank may have a different routing no./ABA no. for wire transfers than that used for direct deposits (ACH payments). Please confirm the ABA no. used for wire transfers with your bank as it may not be the number shown on the bottom of your checks.
3. To ensure accuracy, please confirm with your bank representative prior to submitting to the Napa Valley Community Foundation (NVCF).
4. Please provide information for a U.S.A. (not foreign) checking or savings account.
5. Please ensure that your bank account is set up to receive ACH payments.

Questions regarding completing this form, contact grantsadmin@napavalleycf.org

I authorize the Napa Valley Community Foundation (NVCF) and Bank of Marin to initiate electronic credit entries to my bank account. NVCF may also debit my account only under the circumstance that a credit entry has been made in error. This authority will remain in effect until NVCF has received written notice of termination from me, or a company representative, in such time and manner to afford NVCF a reasonable opportunity to act on it.

Organization

Full Legal Name of Organization: Telephone Number of Organization:

Organization Address: City: State: Zip:

Beneficiary Bank

Bank Name:

Bank Address: City: State: Zip:

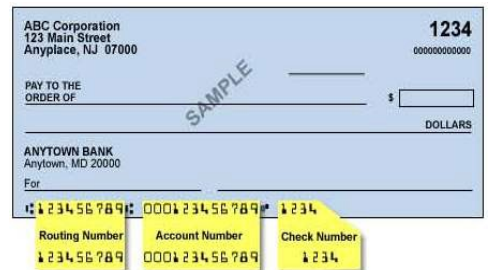
Account Detail

Type of Account: Checking Savings

Name on account:

ABA TRANSIT ROUTING # USED FOR ACH TRANSFER ONLY:

ACCOUNT # (Include leading & ending zeros, not check #):



Authorized Contact Name Email Address

Signature Title Date Signed