



AUTHORIZATION AGREEMENT FOR *ELECTRONIC FUNDS TRANSFER*
For deposit into U.S.A. Checking or Savings account only

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. All fields are required.
2. Please use head of organization contact, email, and title when completing this form.
3. Find bank account information from a statement or check. Do not provide wiring instructions.
4. Please ensure that your bank account is set up to receive EFT payments.
5. Please attach a scanned copy of a voided check.
6. RETURN COMPLETED FORM USING CFWNC'S SECURE, ONLINE PORTAL OR BY MAIL.

Questions regarding completing this form, call Melissa Crouse at (828) 367-9918

I authorize The Community Foundation of Western North Carolina (CFWNC) and First Citizen's Bank to initiate electronic credit entries to my bank account. CFWNC 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 CFWNC has received written notice of termination from me, or a company representative, in such time and manner to afford CFWNC a reasonable opportunity to act on it.

Full Legal Name of Organization

Bank Account Name

Employer Identification Number (EIN)

Head of Organization and Title

Head of Organization Email

Organization Contact Phone Number

Type of Account: Checking Savings

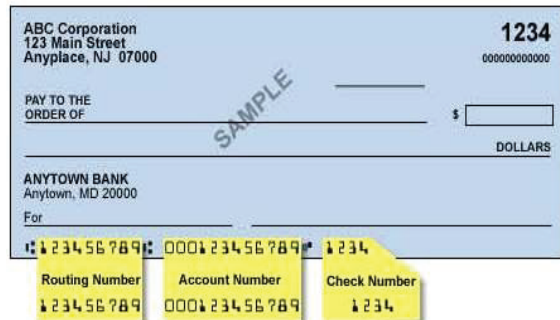
ABA TRANSIT ROUTING # USED FOR EFT TRANSFERS ONLY:

--	--	--	--	--	--	--	--	--	--

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

Bank Name & City and State

Signature



Please note this is a generic example – your check format may vary. Please also note that the correct routing number for EFT payments may be different from what is printed on your check.

Date Signed

Should your bank account information change, please request from Melissa Crouse a new Authorization Agreement for Electronic Funds Transfer Form.