



## Request for Payment via ACH

Please provide account information:

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

ABA or Routing Number \_\_\_\_\_

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

Name on Account \_\_\_\_\_

Type of account (check one):

- Checking
- Savings

As an authorized person for the above organization, I hereby authorize The Community Foundation of Grant County, Indiana, Inc., and the financial institution named above to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of United States law.

This authority is to remain in full force and effect until The Community Foundation of Grant County, Indiana, Inc., has received written notification from me (or another authorized person) of its termination in such time and manner as to afford the organization and financial institution a reasonable opportunity to act on it.

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

\_\_\_\_\_  
Date

Mail or drop off completed form to 505 West 3<sup>rd</sup> Street, Marion, IN 46952  
or  
email to Sherri@GiveToGrant.org