



Grant/AP Amount:	
Fund ID:	
Requested by:	
Processed by:	

ACH:	
WIRE TRANSFER:	

SECTION 1. ORGANIZATION INFORMATION:

Legal Name:			
EIN / SSN:		DBA:	
Address:			
City, State:		Zip:	

SECTION 2. BANK INFORMATION:

Name:		Please make sure that the account is valid and can accept ACH/Wire payments or transfers
Routing Number:		
Account Number:		
Account Type: (Checking, Savings, Other)		

SECTION 3. CONTACT INFORMATION:

Name:		Please provide contact information for the individual receiving correspondence
Title:		
Email:		
Phone:		

SECTION 4. SIGNATURE AUTHORIZATION:

Print Name:		Title:	
Signature:		Date:	

SECTION 5. ATTACHMENTS / DOCUMENTATION

Please attach one of the following, as verification for the account information entered above. The bank name, routing number, and account number MUST MATCH section 2 of this form.

- Voided check
- SIGNED bank letter, on bank letterhead.