



# ACH GRANT PAYMENT AUTHORIZATION

Please complete all sections of this form to authorize grant payments via ACH deposit.\*

## ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Name on Bank Account: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 ACH Routing Number: \_\_\_\_\_  
 Account Type:  Checking  Savings

## PRIMARY PAYMENT CONTACT FOR PAYMENT NOTIFICATIONS

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email (*required to receive payment notifications*): \_\_\_\_\_

## ADDITIONAL PAYMENT CONTACT (include additional sheet if more than two)

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email (*required to receive payment notifications*): \_\_\_\_\_

## SIGNATURE

By signing this form, you are agreeing to permit the Bradley Impact Fund to deposit grant payments into your checking or savings account.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Grant payments may still be made via check at a donor-advised fund account holder's request.