



ACH DEPOSIT AUTHORIZATION FORM

Organization Name

Organization Tax ID #

I authorize The Woman's Foundation of Colorado (WFCO) to deposit payment for grants or other vendor payments directly to my account at the financial institution named below, and if they deem necessary, in their sole discretionary initiate adjustments for any transactions credited/debited in error.

This authorization is to remain in full force and effect until I provide written notification of any changes or termination in such time and in such manner as to afford WFCO and the Financial Institution reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

Financial Institution Address

Account Number

Routing (ABA) Number

Signer's Name

Type of Account (check only one):

Checking

Savings

Authorized Signature

Date
