



ACH Authorization Form

Organization Information

Organization Name _____
 Address _____
 City, State, Zip _____

Contact Name _____ Email _____
 Phone + Ext _____

Authorization

Above named Organization hereby authorizes SFFC Foundation to originate Automated Clearing House electronic fund transfer (EFT) credit entries to Organization's account, as indicated below, for payment.

I hereby authorize SFFC to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by SFFC to my account. In the event that SFFC deposits funds erroneously into my account, I authorize SFFC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until SFFC and Bank have received written, verified notice from me of its termination in such time and in such manner as to afford SFFC and Bank reasonable opportunity to act on it.

Banking Information

Name on Account _____ Routing Number _____
 Bank Name _____ Account Number _____

Type of Account
 Checking Savings

If any changes are made to your banking information, please notify SFFC Foundation immediately in written form. Please note that failure to notify SFFC prior to a payment being initiated may cause a delay in receipt of funds of up to 30 days.

Vendor Authorization:

Authorized Signature _____ Date _____

Authorized Name _____ Title _____

Please complete the above form and return to:

Email: pfe@sffcfoundation.org
 Address: SFFC Foundation
 1040 Avondale Rd
 Hendersonville, TN 37075
 Phone: (615)675-0450

SFFC Accounting Office Use:

Entered by _____	Date Entered in System _____
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