Electronic Funds Transfer (ACH) Authorization Form

The Community Foundation of Teton Valley prefers to make payments by ACH as appropriate. Please email completed form to donorservices@cftetonvalley.org to begin receiving ACH payments, to update your existing information, or to stop receiving ACH payments. The information provided on this form will be subjected to our verification process, and additional information may be requested.

Section I - Action Type		
◉ Initial Setup	○ Update Existing Authorization	○ Cancel Existing Authorization

Section II – Organization Information	
Organization Name	**Organization Taxpayer ID** (EIN#)
Contact Name	**Contact Title**
Phone Number	**Email Address** (Payment notifications will be emailed to this address)

Section III – Bank Account Information		
Bank Name	**Account Type** ☐ Checking ☐ Savings	
Account Number	**Routing Number**	
Select and include one of the following items for verification		
◉ Voided Check Copy	○ Cleared Check Copy	○ Letter from Your Bank with ACH instructions

Section IV – Authorization

I (we) hereby authorize the Community Foundation of Teton Valley to initiate credit (deposit) entries to the account identified above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

I (we) represent and warrant that I (we) have the authority to authorize transactions on the account identified on this form.

By signing below, I (we):

a) Authorize the Community Foundation of Teton Valley to make payments by ACH.
b) Certify that the account listed above is designated to receive payments on behalf of the organization.
c) Direct all electronic fund transfers to be made using the information provided on this form.
d) Agree to provide written notice of any changes to the information provided on this form.
e) Understand that this authorization will remain in full force and effect until the Community Foundation of Teton Valley receives written notification of its termination in sufficient time and manner to provide a reasonable opportunity to act upon that notification.

Authorized Signature	**Date**
Printed Name	**Title**

Please email completed form to donorservices@cftetonvalley.org. All information is kept confidential and secure. For security purposes, we will need to independently verify your ACH instructions. To that effect, please expect a call from a staff member to verbally confirm the information provided. Please contact Sterling Boin at 208-354-0230 or sboin@cftetonvalley.org if you have questions regarding this process.