



32 West Michigan Avenue, Suite 1, Battle Creek, Michigan 49017-4015

Phone: 269-962-2181

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Authorization for Direct Deposit via ACH Bank Authorization Form

This form is used for Automated Clearing House (ACH) payments. By completing this form, you are authorizing Battle Creek Community Foundation to initiate electronic payments into your bank account. You are also authorizing Battle Creek Community Foundation to initiate corrections/reversals in the event that an incorrect payment was processed. The information being collected on this form will be used by Battle Creek Community Foundation to transmit payment data, by electronic means, to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

Name(s) on Account: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ EMAIL: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____



Type of Account: _____ (Checking or Savings)

Attach a voided check or deposit slip to which payment(s) should be deposited (if necessary)

Battle Creek Community Foundation is hereby authorized to directly deposit payment to the account listed above. This authorization will remain in effect until I(we) notify Battle Creek Community Foundation in writing that I(we) wish to modify or revoke this authorization. I(we) understand Battle Creek Community Foundation requires at least 10 days prior notice to any modification or cancellation of this authorization.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____