



Electronic Funds Transfer Authorization Form

On behalf of The Community Foundation *for* Greater New Haven, we are pleased to inform you of a more efficient and cost-effective way to receive grants and other payments. We now distribute grants and payments directly to an account chosen by you via an Automated Clearing House (ACH) transfer ---and the fees for using this new electronic system are paid by The Community Foundation. Prior to a grant ACH payment, you or a person you designate will receive an email stating the amount, purpose, and source of the grant.

Here's a few ways ACH can help you:

- It saves trips to your financial institution;
- It saves you time in depositing checks – no long line to wait in;
- It eliminates the possibility of lost, stolen or forged checks.

To participate, please complete the authorization below:

Authorization:

I hereby authorize The Community Foundation *for* Greater New Haven (“The Foundation”) to initiate electronic credit entries to my account at the financial institution listed below (“The Financial Institution”), and if necessary, initiate adjustments for transactions credited/debited due to clerical error. This authority will remain in effect until I notify The Foundation in writing to cancel with such notice to provide The Foundation and the Financial Institution sufficient time to act.

Organization Name

Tax ID Number

Name of Financial Institution

Address of Financial Institution

Branch, City, State, & Zip

Financial Institution Routing Number

Account Number

Authorized Signature

Date

Authorized Name and Title (Printed)



The **COMMUNITY** Foundation *for* Greater New Haven
NOW MORE THAN EVER

One to three days prior to the ACH transaction an email will be sent to your organization informing you of the transaction date. The email will also give the amount, purpose, source and reporting requirements of the grant.

If the signatory of this document is not the person who should receive the above referenced email please provide the name and email address of the appropriate person.

Contact Name: _____

Contact Email: _____

The Foundation and the Organization agree if there are problems with the authorization The Foundation and Organization will allow the other party 30 days to communicate and resolve a problem.

Return this form to Brandi Kryvonis via email at bkryvonis@cfgnh.org; or by mail at The Community Foundation *for* Greater New Haven, 70 Audubon Street, New Haven, CT 06510.