

## **ACH Authorization Form**

		Organization Information	
Organization Name Address City, State, Zip			
Contact Name Phone + Ext		Email	
		Authorization	
			ate Automated Clearing House indicated below, for payment.
dicated on this form. Further, I a	uthorize Bank to accept and to c	credit any credit entries indicated by SFFC	the financial institution (hereinafter "Bank") to my account. In the event that SFFC ted the original amount of the erroneous cred
This authorization is to remain nd in such manner as to afford SF			notice from me of its termination in such tim
		Banking Information	
Name on Account Bank Name		Routing Number Account Number	
If any changes are made		ion, please notify SFFC Foundation	
to 30 days.  Vendor Authorization	, , ,	ayment being initiated may cause	a delay in receipt of funds of up
Authorized Signature		Date	
Authorized Name		Title	
	Please complete the	e above form and return to:	
	Address: SFF 1040	@sffcfoundation.org C Foundation 0 Avondale Rd dersonville, TN 37075	
SFFC Accounting Office	Use:		
Entered by		Date Entered in System	