**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (ACH)**

Payee listed below requests that distributions, payments, grants made by Bayou Community Foundation to this organization be transmitted by Electronic Funds Transfer (ACH Credit).

**PAYEE NAME (Company, Organization, Individual):**

**TAX ID Number:**

**Complete Mailing Address:**

I hereby authorize Bayou Community Foundation to credit entries to our checking or savings account indicated below at the depository financial institution (DEPOSITORY) named below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to this nonprofit organization’s account must comply with the provisions of U.S. law.

**Depository (Bank) Name:**

**Bank Address:**

**City, State, Zip:**

**Routing Number:**

**Account Number:**

**CHECKING or SAVINGS?**

This authorization is to remain in full force and effect until such time that Organization notifies Bayou Community Foundation in writing to cancel or change this ACH authorization.

**Organization Representative’s Name:**

**Title:**

**Email/Cell Phone:**

**Today’s Date:**