THE COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA

Giving Back. Giving Forward.

The Community Foundation for Northeast Florida is pleased to offer transmission of payment via Automated Clearing House (ACH).

This completed form should be submitted to the Foundation along with a voided check or bank letter.

For security reasons, please do NOT use email to send this form or voided check. Please use The Community Foundation's secure Formstack link or deliver hardcopies directly to the office.

By signing this Form, you hereby authorize The Community Foundation for Northeast Florida to initiate credit entries, and if necessary, demand the return of payment, or send a debit to reverse a credit to your:

Checking Account or Savings Account

Depository Bank

Please ensure this information matches the voided check and the proof of account authority.

BANK NAME _____ ROUTING NUMBER _____

NAME ON ACCOUNT _____ ACCOUNT NUMBER _____

YOUR INFORMATION

PAYEE (ACCOUNT HOLDER) NAME _____

IRS TAX ID NUMBER _____ PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Person to receive notification of ACH transaction _____ **Email (to receive notification of transaction)** _____

This authorization will remain in full force and effect until TCF has received written notification from partner of its termination in such time, and in such manner as to afford TCF and financial institution a commercially reasonable opportunity to act on it.

X _____ _____

Authorized Signer on Bank Account — Contact Number

_____ _____

Print Name and Title — Email Address

_____

Date

SUBMIT THIS FORM ALONG WITH ATTACHMENTS VIA TCF SECURE FORMSTACK LINK, OR U.S. MAIL

THE COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA, INC.
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JACKSONVILLE, FL 32202