



Electronic Funds Transfer (ACH) Authorization Form

The Hamilton Foundation prefers to make payments by ACH as appropriate. Please complete this form to begin receiving ACH payments, to update your existing information, or to stop receiving ACH payments. The information provided on this form will be subjected to our verification process, and additional information may be requested.

Section I - Action Type	
<input type="checkbox"/> Initial Setup	<input type="checkbox"/> Update Existing Authorization <input type="checkbox"/> Cancel Existing Authorization
Section I – Organization Information	
Organization Name	Organization Taxpayer ID (Required)
Street Address	
City, State, and Zip Code	
Contact Name	Contact Title
Phone Number	Email Address (Payment notifications will be emailed to this address)
Section III – Bank Account Information	
Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Street Address	
Bank City, State, and Zip Code	
Account Number	Routing Number
Select and include one of the following items for verification <input type="checkbox"/> Voided Check Copy <input type="checkbox"/> Cleared Check Copy <input type="checkbox"/> Letter from Your Bank <input type="checkbox"/> Vendor Invoice Containing ACH Info	
Section IV – Authorization	
We hereby a) Authorize the Hamilton Community Foundation to make payments by ACH b) Certify that we have selected the following bank to receive payments on our behalf c) Direct all such electronic fund transfers to be made using the information provided on this form d) Agree to provide written notice of changes made to the information on this form	
Authorized Signature	Date
Printed Name	Title

*If you have any questions, please contact Crystal Reece, Director of Finance at 513-863-1717
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