



**GRANTEE ACH DEPOSIT AUTHORIZATION FORM**

**CHECK ONE:**

New Request       Change / Update Existing Information

**TAX ID # or SSN**

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**ORGANIZATION NAME**

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**ORGANIZATION ADDRESS**

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SUITE/ROOM #

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**CONTACT**

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CITY

STATE

ZIP CODE

NAME & TITLE

PHONE NUMBER

**ALL BOXES BELOW MUST BE REVIEWED AND CHECKED**

- I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law.
- I authorize The Golden L.E.A.F. (Long-term Economic Advancement Foundation), Inc. ("Golden LEAF") to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in full force and effect until Golden LEAF has received written notification from me, the grantee, of its termination in such time and manner as to afford Golden LEAF a reasonable opportunity to act on it. This authorization may be unilaterally terminated by Golden LEAF in cases of excessive returns.
- I have attached a copy of a current voided check, current bank statement, or a bank authorization letter on bank letterhead signed by a bank representative.

<b>PRINT NAME:</b>	<b>DATE:</b>
<b>SIGNATURE:</b>	<b>PHONE NUMBER:</b>

**RETURN BY MAIL TO:** The Golden L.E.A.F. (Long-term Economic Advancement Foundation), Inc.  
 Attn: Erica Smith, Controller  
 301 N. Winstead Ave.  
 Rocky Mount, NC 27804

**OR BY FAX TO:** 252-442-7404

**QUESTIONS?** Contact Erica Smith, Controller at [esmith@goldenleaf.org](mailto:esmith@goldenleaf.org) or 252-442-7474 x245

**NEW FINANCIAL INFORMATION (All fields must be completed).**

<b>FINANCIAL INSTITUTION NAME:</b>									
<b>NAME ON ACCOUNT:</b>									
<b>NEW ROUTING NUMBER:</b>									
<b>NEW ACCOUNT NUMBER:</b>									
<b>ACCT TYPE:</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings							
<b>REMIT E-MAIL ADDRESS</b>									

**PRIOR FINANCIAL INFORMATION (Complete only if changing/updating existing information).**

<b>FINANCIAL INSTITUTION NAME:</b>									
<b>NAME ON ACCOUNT:</b>									
<b>ROUTING NUMBER:</b>									
<b>ACCOUNT NUMBER:</b>									
<b>ACCT TYPE:</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings							
<b>REMIT E-MAIL ADDRESS</b>									

**Sample**



IF PROVIDING A  
 CANCELLED CHECK,  
 PLEASE ATTACH IT HERE.