



Authorization for Electronic transfer of Funds
Grantee Payments

GRANTEE NAME: _____

GRANTEE EMPLOYER ID NUMBER: _____

GRANTEE AUTHORIZED SIGNATORY: _____
(Please Print Name and Title)

GRANTEE Email Address: _____

SIGNATURE: _____ DATE: _____

Direct Deposit (ACH) Authorization

I hereby authorize United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA-Federation ") to make payments to the bank account listed below by initiating credit entries to my account at the financial institution indicated on this form. In the event that UJA-Federation deposits funds erroneously into my account, I authorize UJA-Federation to debit my account for an amount not to exceed the original amount of the erroneous credit. Further, I agree not to hold UJA-Federation responsible for any delay or loss of funds due to incorrect information I have supplied on this authorization form.

To receive electronic payment via direct deposit (ACH) into your bank account for services rendered or purchases made by UJA-Federation of New York, please complete this section and attach either a **voided check** or **bank letter** that shows both your account number and routing/transit number.

This authorization is to remain in full force and effect until UJA-Federation has received written notice from me of its termination.

Bank Name: _____

Account Name: _____

Routing/Transit #: _____

Account #: _____

Please indicate what kind of account:

Checking Savings

REMINDER: Submit voided check or bank letter from your bank that shows both your account number and routing/transit number.