Nonprofit Grant Distribution Direct Deposit Authorization Form

Organization Information

Legal Organization Name	
EIN/Tax ID	
Grant Name/ID	
Bank Account Information	
Bank Name	
Routing Number	
Account Number	
Account Type	▼
	_
Authorized Representative	
Name	
Title	
Email	
Phone	

Authorization & Signature

I hereby authorize the direct deposit of grant funds to the account listed above and confirm the information provided is accurate.	
Signature	
Date	