



ELECTRONIC PAYMENT AUTHORIZATION

We hereby authorize the Dyson Foundation to credit the below-named organization's bank account using an ACH deposit for the purpose of making a grant payment. *All fields below are required.*

Organization Name _____

Legal Name (if different) _____

Name of Banking Institution _____

ABA Routing Number _____

Account Number _____

Account Type Savings Checking

Tax ID associated with account listed _____

← Please verify with your bank that this routing number is specific to ACH transactions

If the above information changes at any point, please notify us so we may update our records for future payments.

Our preferred method for receiving this information is through our online Grants Portal. If you are unable to use the portal or prefer to submit a hard copy, please send this form along with your signed grant agreement to the address below.

Accounting – Confidential
Dyson Foundation
25 Halcyon Road
Millbrook, NY 12545

Please provide a single point of contact for form verification and questions:

Name _____ Phone _____

Email _____ Date _____