



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.

By signing and releasing this bank information you are confirming that this bank account is solely that of the 501(c) 3 nonprofit organization and that the Tax ID number for the grantee listed above is the Tax ID number associated with the bank account listed above. This authorizes the Dyson Foundation to reverse any transactions made to the organization in error which may include a withdrawal to the account listed above.

Signatures for Authorization: Two signatures are required & both must be signers on the account

Authorized Signer #1 (CEO or Board Officer)

Authorized Signer #2

Signature

Signature

Name (Print)

Name (Print)

Title

Title

Date

Date

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

Name _____ Phone _____ Email _____

We strongly recommend sending the completed form to our secure fax line: 845-202-4766.

You may also mail it to the address below. (Please do not do both.)

Accounting - Confidential / Dyson Foundation / 25 Halcyon Road / Millbrook, NY 12545