



THE COLUMBUS FOUNDATION and Affiliate Organizations

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Your organization is required to mail in a voided check (no photocopies; originals only). The organization name and account number referenced below must be printed on the check.

We will not accept checks with handwritten account information. If check stock is not available, please mail in or email a signed letter from the bank referencing the below account/routing numbers.

Please send all documentation to:

Roberta Stewart
The Columbus Foundation
1234 East Broad Street
Columbus, OH 43205

Questions?

Email nonprofits@columbusfoundation.org
or call 614/251-4000.

Legal name of organization

EIN

hereby authorizes The Columbus Foundation and Affiliate Organizations to initiate credit entries to its account (identified below) at the bank named below, and authorizes the bank to credit the same to its account. This authority is to remain in effect until revoked in writing by this organization.

Checking Account Number or Savings Account Number

Bank Name

City and State of Bank

ABA (Routing) Number (nine digits required)

Signature of President or Board Chair

Print Name

Date

Signature of Chief Financial Officer
or Board Treasurer

Print Name

Date