



ACH Authorization Agreement

SPCF.ORG
Phone: (864) 582-0138
Fax: (864) 573-5378

New Enrollment

Change of Bank Account

Mail to: Spartanburg County Foundation Attention: ACH Processing 424 E. Kennedy Street Spartanburg, SC 29302	Email to: Accounting@spcf.org	Please complete this form and attach a voided check or bank letter to validate account information. Then email it to Accounting@spcf.org or mail it to the address listed on the left. If you need assistance with this form, please call the Foundation at (864) 582-0138 or email us.
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Vendor/Payee Name (as shown on bank account):	
Vendor/Payee Federal Tax ID or SSN:	
Vendor/Payee Address:	
Vendor/Payee City, State, and Zip Code:	

ACH Contact Name:	
ACH Contact Phone Number:	
ACH Contact Email Address:	

Bank Name:	
Bank Address:	
Bank City, State, and Zip Code:	
Type of Account:	
ABA Routing/Transit Number (9 digits):	
Bank Account Number:	

By signing this form, I authorize the Spartanburg County Foundation to initiate electronic credit entries to the bank account identified above. I may revoke or cancel this authorization and enrollment by notifying the Spartanburg County Foundation in writing at least fifteen (15) days prior to termination. Any change to the bank account will require a new ACH Authorization Form. Failure to notify the Spartanburg County Foundation of an account change will delay payment.

Signature of Authorized Individual:	Signature Date:
Authorized Individual and Title:	Telephone Number:

