RESET FORM

SOUTH ARTS

BANK (EFT) AUTHORIZATION FORM

FULL NAME: _____

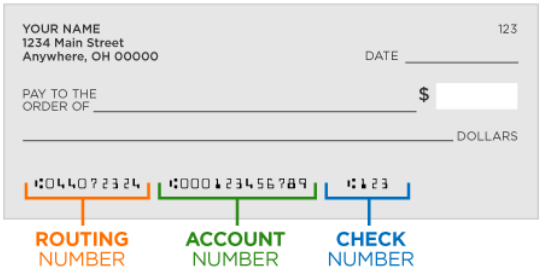
BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: GRANT # AMOUNT

FINANCIAL INSTITUTION		
ROUTING NUMBER		
ACCOUNT NUMBER		
ACCOUNT TYPE (Personal / Business, Checking / Savings)		

I hereby authorize South Arts, Inc to pay/credit the account indicated in this authorization form according to the terms outlined in the contract / award letter.

SIGNATURE: _____ DATE: _____

If you have not done so, you must either attach to this form or submit via an email to the SecureDoc site (https://www.mysecuredock.com/m/upload/splash?list=ed8ca493-7132-4f38-b5a8-f2c86bb20d63) a current year W-9 Form (Revision Date: March 2024). To modify/delete your attachments to this file, you must use Adobe Acrobat Reader on a Windows or Mac computer; the 'attachments' tab is on the left side of the screen and indicated with a paper clip icon

ATTACH W-9

*You may take a photo of the W-9, and attach it to this form as a picture file

*For any questions about this form or the required documentation, please contact **Aiyana Straughn, artshere@southarts.org or 404-874-7244 ext. 840.**

STEP 1:

SAVE FORM

STEP 2:

SUBMIT FORM

YOU WILL ENTER A SECURED SITE

Revised: 07.01.2024