



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 AccountsPayable@southarts.org a current year W-9 Form (Revision Date: October 2018). 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

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

*Submit completed form to: AccountsPayable@southarts.org
For any questions about this form or the required documentation, please contact Dmitry Ponomarenko, 404-874-7244 ext. 810