

S O U A R T S H

EFT AUTHORIZATION FORM

FULL NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

GRANT # _____

FINANCIAL INSTITUTION		<div style="font-size: 0.8em;"> <p>YOUR NAME 1234 Main Street Anywhere, OH 00000</p> <p style="text-align: right;">DATE _____ 123</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p style="text-align: right;">_____ DOLLARS</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> 0014072324 ROUTING NUMBER </div> <div style="text-align: center;"> 000123456789 ACCOUNT NUMBER </div> <div style="text-align: center;"> 0123 CHECK NUMBER </div> </div> </div>
ROUTING NUMBER		
ACCOUNT NUMBER		
ACCOUNT TYPE <small>(Personal / Business, Checking / Savings)</small>		

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 dponomarenko@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: dponomarenko@southarts.org

For any questions about this form or the required documentation, please contact Dmitry Ponomarenko, 404-874-7244 ext. 810