



Greater Washington Community Foundation
Attn: Accounts Payable
1325 G Street, NW, Suite 480
Washington, DC 20005

Automatic Payment Authorization Form

Sign and complete this form to authorize the Greater Washington Community Foundation to initiate debits to your bank account.

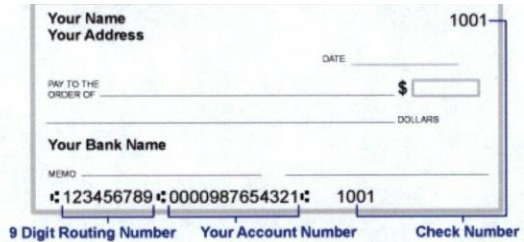
Please complete the information below:

FINANCIAL INSTITUTION INFORMATION:

Bank Name
Address
City/State/Zip
9 digit/Routing Number Account Number
Account Type [] Checking [] Savings account (select one)

PLEASE ATTACH SCANNED COPY OF A VOIDED CHECK.

A bank letter with the ACH instructions for your organization can be submitted in lieu of a voided check.



All information kept confidential and secured

AUTHORIZATION AGREEMENT:

I hereby authorize the Greater Washington Community Foundation to deposit funds directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until the Greater Washington Community Foundation has notified me that this deposit service has been discontinued. I understand that I must give advanced notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and the Greater Washington Community Foundation to make the appropriate adjustment(s).

SIGNATURE DATE

**PLEASE PRINT CLEARLY EMAIL ADDRESS TO RECEIVE DONOR & PURPOSE INFORMATION:

RETURN COMPLETED FORM TO:
KMATTHEWS@THECOMMUNITYFOUNDATION.ORG. If you would like to send your information via encrypted email, please contact Erika Taylor at etaylor@thecommunityfoundation.org.