



Questions? Email [finance@greaterworchester.org](mailto:finance@greaterworchester.org)

# Charitable Organization Electronic Funds Transfer Enrollment Form

## I. Charity Information

Organization's Official Name*	Employer Identification Number (EIN)
	-

### Organization's Legal Address\*

*Provide the address used for tax reporting. Cannot be a P.O. Box, mail drop, or c/o due to Customer Identification Program bank standards*

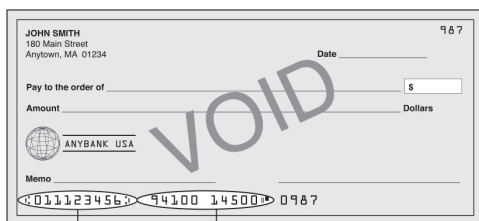
Address*			
City*	State/Province*	ZIP/Postal Code*	Country

## 2. Financial Institution Information

*Complete this section to tell us where the funds should be transferred. This must be a U.S. bank account.*

Financial Institution Name*		Telephone Number	
Address			
City	State/Province	ZIP/Postal Code	Country

Complete the information below and enclose a voided check when you return the registration form.



— Nine-Digit Bank Routing Number      Account Number (up to 17 digits)  
 Nine-Digit Bank Routing Number      Account Number (up to 17 digits)

Check one:       Checking Account  
                    Savings Account

Nine-Digit Bank Routing Number*								

Depositor Account Number*															

Account Name															

## 2. Charity Contact Information

Complete this section to tell us who at your organization is responsible for managing the bank account to receive the direct deposit. All fields in this section are required.

Contact Name		
Title	Phone Number	Extension
Email Address		

## 2. Additional Contacts at the Charity

List up to four additional contacts at your organization.

First Name	Last Name	Title	Email Address
First Name	Last Name	Title	Email Address
First Name	Last Name	Title	Email Address
First Name	Last Name	Title	Email Address

## 2. Signature

Name	
Title	
Signature*	Date* MM DD YYYY
	

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**Greater Worcester Community Foundation**

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