



AUTHORIZATION FOR ACH TRANSFER OF FUNDS

Organization/Individual Legal Name: _____

Telephone #: _____ Email: _____

I authorize the Blandin Foundation and Wells Fargo Bank to initiate electronic credit entries, and, if necessary, debit entries and adjustment for any credit entries in error to my checking account.

This authority will remain in effect until cancelled in writing.

Authorized Signature: _____

Date: _____

Please provide the following bank information and return to the Blandin Foundation via email, fax or mail. PLEASE ATTACH A **VOIDED CHECK** FOR VERIFICATION OF ALL FINANCIAL INSTITUTION INFORMATION. If a voided check is not available, we will accept a notice from your bank noting your account and routing number.

Full name of your bank: _____

Full address of your bank: _____

Transit Routing Number (ABA): _____

Account Number: _____

Bank contact person: _____

Bank telephone number: _____

Checking _____ or Savings _____

Please submit this form via the secure link:

<https://blandinfoundation.sharepoint.com/:f:/s/Submissions/IgBQvVKcqqW2RlocPS0XF-J2AYlgqRTp48d2vUt5L9emT7Y>

If you have any questions, please reach out to Theresa Stark at

Phone: 218-326-0523; Direct: 218-327-8763

Confidential Fax: 218-313-8740

tmstark@blandinfoundation.org