



CSGP Direct Deposit Authorization

Section 1: Transaction Type					
New request	Change request				
Section 2: Authorization for Setup or Changes					
Federal Employer's Identification Number	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>				
Organization Name					
Organization phone number	Organization fax number				
Mailing address					
City		State		ZIP code	
I authorize the Cultural Council of Greater Jacksonville to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form.					
Authorized Signature		Title			
Printed Name		Date			
Email to send ACH Confirms					
Financial Institution Name		Type of Account <i>(check one)</i>	Checking	Savings	
Account Name					
Routing Number	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>		CSGP Bank Account Number		
ATTACH AN ORIGINAL VOIDED CHECK (do not attach a copy of a voided check), or ask your bank to provide a deposit verification form on its letterhead listing account and routing numbers. Mail or deliver this form to the CCGJ.					
Section 3: This Section is for Cultural Council of Greater Jacksonville Only					
iTreasury Input		Representative Signature			
Prenote Test		Date			
Confirmation					
Approval					