

ACH CREDIT AUTHORIZATION AGREEMENT

INSTRUCTIONS FOR COMPLETION
& COMPLETED SAMPLE FORM

- A = Full Company Name
- B = Company's Tax Identification Number/Employee Identification Number
- C = Company name (Greater Milwaukee Foundation)
- D = Financial institution which will receive the credit transactions
- E = Financial institution's address
- F = Financial institution's transit/ABA number
- G = Checking or Savings account number
- H = Indicate whether the account is "checking" or "saving"
- I = Account owner's printed name and signature
- J = N/A for companies/agencies
- K = Date the Authorization Agreement is signed by the account holder.
- L = **If a joint account, information on both account holders is required on the Authorization Form.** Joint account holder's printed name and signature.
- M = Date the Authorization Agreement is signed by the joint account holder

AUTHORIZATION AGREEMENT –FOR AUTOMATIC DEPOSITS (CREDITS)		
COMPANY NAME <i>A = XYZ Company</i>	COMPANY ID NUMBER <i>B = 39-7777777</i>	
I (we) hereby authorize <u><i>C = Greater Milwaukee Foundation</i></u> hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.		
DEPOSITORY NAME <i>D = M&I Marshall & Ilsley Bank</i>	BRANCH	TRANSIT/ABA NUMBER <i>F = 0750-00051</i>
CITY, STATE, ZIP <i>E = Milwaukee, WI 53202</i>		ACCOUNT NUMBER <i>G = 001-12-1234</i>
TYPE OF ACCOUNT (Select One) H = <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
NAME (PLEASE PRINT) <i>John Smith</i>	IDENTIFICATION NUMBER J = <i>N/A</i>	
<i>/s/</i> SIGNATURE <i>John Smith</i>	DATE K = <i>MM-DD-YY</i>	
(PLEASE PRINT) <i>Mary Smith</i>	M = <i>MM-DD-YY</i>	
<i>/s/</i> SIGNATURE <i>Mary Smith</i>	DATE	
113-112 NIP (12/93)		

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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)		
COMPANY NAME	COMPANY ID NUMBER	
I (we) hereby authorize <u>Greater Milwaukee Foundation</u> hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP		ACCOUNT NUMBER
TYPE OF ACCOUNT (Select One) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
NAME (PLEASE PRINT)	NUMBER XXXXXXXXXX	
SIGNATURE	DATE	
NAME (PLEASE PRINT)	IDENTIFICATION NUMBER XXXXXXXXXX	
SIGNATURE	DATE	
113-112 NIP (12/93)		

** REQUIRED **

Contact name for payment notification : _____

Email address for payment notification : _____

Form can be returned via email to: grants@greatermilwaukeefoundation.org

OR

Greater Milwaukee Foundation
 Attn: Finance Department
 101 W Pleasant St, Ste 210
 Milwaukee, WI 53212

FIMS Profile: _____