



6323 Ranch Dr., Ste B
Little Rock, AR 72223

ACH/Wire Transfer Authorization and Agreement

Windgate Foundation will direct deposit approved grant payments via ACH or wire transfer. Please complete the following information and return to Windgate at the address above. Do not email this sensitive information.

New Authorization Change Authorization Cancel Authorization

Grantee Organization Name (This is the recipient of the ACH or wire transfer funds.)

Your Organization's Banking Information

Bank Account Type: Checking Savings

Local Bank Name

Bank Address, City, State, Zip

Exact Name on Account

Routing Number

Account Number

I hereby authorize Windgate Foundation to electronically credit the account listed above (and, if necessary, to electronically debit the account to correct erroneous ACH credits).

I understand that this authorization will remain in full force and effect until I notify Windgate Foundation in writing that I wish to revoke this authorization. I understand that Windgate Foundation requires at least 14 days prior notice in order to cancel or change this authorization.

Name of authorized signer on above account. *(Please Print)*

Signature _____ Date _____