Blandin Foundation™
STRENGTHENING RURAL MINNESOTA

ACH AUTHORIZATION

Vendor Information:

Organization/Individual Legal Name: _____

Telephone #: _____ Email: _____

Required Documentation:

Please attach ONE of the following:
☐ Voided check (preferred)
☐ Bank letter on financial institution letterhead verifying account ownership, routing number and account number

ACH Payment Information:

Request Type: ☐ New ACH Setup ☐ Change Existing ACH ☐ Cancel ACH

Bank Name: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Email Payment Notification (Optional)

☐ Yes, please email me when payment has been processed.
Email Address: _____

Authorization and Certification
I certify that I am an authorized representative of the organization or individual identified above and that the banking information provided is accurate.

I authorize the Blandin Foundation to initiate electronic credit entries and, if necessary, debit entries and adjustments for erroneous credits to the account identified above.
I understand that:

- This authorization will remain in effect until written notice of cancellation is provided.
- Changes to banking information must be submitted in writing using a new ACH Authorization Form.
- The Blandin Foundation reserves the right to verify banking information prior to processing payments.
- Submission of this form does not guarantee payment and is subject to applicable grant agreements, contracts, invoices, and Blandin Foundation policies.

Authorized Signature: _____ Date: _____

Printed Name: _____

Please submit this form via the secure link. If you have any questions, please reach out to:
Theresa Stark, Blandin Foundation
Phone: 218-326-0523; Direct: 218-327-8763