



## 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 \_\_\_\_\_

*For assistance in completing this form, please contact:*

Theresa Stark

Blandin Foundation

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Grand Rapids, MN 55744

Phone: 218-326-0523

Confidential Fax: 218-313-8740

[tmstark@blandinfoundation.org](mailto:tmstark@blandinfoundation.org)