

**Community Foundation for Loudoun and Northern Fauquier Counties
Credit/Debit Authorization Form**

I/we hereby authorize the Community Foundation for Loudoun and Northern Fauquier Counties to initiate entries to the banking account provided below, and if necessary to initiate adjustments for transactions credited/debited in error. This authority will remain in effect unless we otherwise notify the Community Foundation for Loudoun and Northern Fauquier Counties.

Completed form should be emailed to joe@CommunityFoundationLF.org

Date:

Name on Account:

Name of Financial Institution:

Financial Routing Number _____

Account Number _____

Bank Details

Checking Savings

Organization Information

Organization Name:

Mailing Address:

Name of person completing this form:

Title:

Phone #

I further testify that I am authorized to complete the information and authorize such transactions.

SIGNATURE _____ DATE _____

PLEASE ATTACH A SCANNED COPY OF A VOIDED CHECK