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AUTOMATIC DIRECT DEPOSIT (ACH) FORM FOR:

Please complete and return this form to expedite receipt of monies realized from your supporter's donations. If no response is received regarding the items listed above, we will automatically distribute payments in the form of a **physical check** to the Account Management contact or Payment Attention contact, if specified, at the mailing address on file.

Company Account Name									
As listed at the bank									
Company Address									
Company City, State ZIP Code									
Bank Name					Bank Address				
Type of Account	<input type="checkbox"/> Checking Acct # _____				<input type="checkbox"/> Savings Acct # _____				
Bank Routing Number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*9 digits required									
Authorizing Signature									
Printed Name					Title				
Date									