



Authorization Agreement for Automatic Deposits

Organization Name: _____
Authorized Signature: _____
Organization Address: _____
Print Name: _____
Date: _____

Bank Name #: _____
Bank ABA #: _____
Account #: _____

Please return to Community Foundation of the Lowcountry
with a voided check from your checking account to verify accuracy:

Community Foundation of the Lowcountry
Post Office Box 23019
Hilton Head Island, SC 29925

Phone: 843.681.9100
Fax: 843.681.9101

Email: ncharles@cf-lowcountry.org

As indicated by the signature above:

I authorize **Community Foundation of the Lowcountry** and the bank listed above to deposit Grant Disbursements as indicated above into my account.

If funds to which I am not entitled are deposited to my account, I authorize **Community Foundation of the Lowcountry** to direct the bank to return said funds.