

Nebraska Children and Families Foundation

ACH Transaction Information Form

Organization Information

Organization Name _____

Organization Contact _____

Federal Taxpayer Identification Number _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email Address for Payment Notifications _____

Bank Information

Name of your Organization's Bank _____

Address _____

City _____ State _____ Zip Code _____

Bank ABA Number _____

Organization's Account Number _____

Select Type of Account: Checking Savings

Name of Contact at Bank _____

Phone Number for Bank Contact _____

Email Address for Bank Contact _____

Please attach a copy of a voided check

Transfer Information

I understand that I am confirming my organization's authorization for Nebraska Children and Families Foundation to process this financial transaction via ACH transfer.

Signature of Organization Officer _____

Please Note: You will receive an email notification when the payment has been transferred to your account.