

ACH Payment Authorization Form (Enrollment Fee)

In order to pay a fee to The Foundation of The Arc of Northern Virginia via ACH, the following information is needed:

Beneficiary Name: _____

Date of Payment: _____

Payment Amount: ___ \$1,050 ___ \$525 ___ Other \$ _____

Originating Account Information:

Account Holder's Name: _____

Routing number: _____ Account number: _____

Bank/Institution Name: _____

Type of bank account: ___ checking ___ savings

***Please note: Payments via ACH are first deposited into a KeyBank Demand Deposit Account (DDA) and then transferred to Foundation of The Arc of Northern Virginia. This process may take up to ten (10) business days. Inaccurate information provided on this form may delay the deposit.**

By signing below, I authorize scheduled charges to my checking/savings account. I will be charged the amount indicted above. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I agree no prior-notification will be provided unless the date or amount changes, in which case I will notify The Arc of Northern Virginia Trust Department at least 10 days prior to the payment being collected. I understand that this authorization will remain in effect until I cancel it in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I certify that I am an authorized user of this bank account and will not dispute this (or these scheduled) transaction(s) with my bank.

Please return the signed form to the Assistant Director of Trusts via mail, email or fax.

The Arc of Northern Virginia
2755 Hartland Rd. Suite 200 Falls Church, VA 22043
703-208-1119 Ext. 103
703-982-7138 (Private fax)
evelyn.gu@thearcofnova.org

Print Name

Signature

Date