



# Washington County Arts Council, Inc

## ACH/EFT

### AUTHORIZATION FORM

ARTIST NAME: \_\_\_\_\_

ARTIST PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

ARTIST CONTACT: \_\_\_\_\_

CONTACT PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

### **BANKING INFORMATION**

BANK NAME: \_\_\_\_\_

EFT/ACH RECEIVING/ROUTING NUMBER: \_\_\_\_\_

EFT/ACH ACCOUNT NUMBER: \_\_\_\_\_

CHECKING ACCOUNT

SAVINGS ACCOUNT

FORM COMPLETED BY: \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(electronic signatures are not accepted)

The completion of this form authorizes Washington County Arts Council, Inc. to process electronic payments.  
This authority will remain in effect until cancelled in writing.

**\*ALL INFORMATION IS KEPT CONFIDENTIAL AND SECURE\***