



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)/ACH DEBITS

RETURN form completed and signed with one of the following:

- Voided Check (preprinted with the organizations legal name and address)
- Bank Statement (including all pages)
- Bank Letter – a letter from your bank on its official letterhead, signed to verify your ownership of the account listing its routing number ,account number and account holder name

Client Name _____ Client’s Sphere Account Number _____

Donor Inquiry Phone # _____ Federal Tax ID Number _____

I hereby authorize Blackbaud, hereinafter called COMPANY, to initiate credit entries for direct deposits and debit entries for any negative balance including refunds/chargebacks or credit entries made in error to the Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY.

ACH Credit Sender ID: 6112617163
ACH Debit Sender ID: 3112617163

Depository Name _____ Branch _____

City _____ State _____ Zip _____

ACH Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Contact Name(s) _____ (Please Print) Contact Phone Number _____

Signature _____ Date _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.