

*Please help us reduce overhead costs and  
conserve our funds for fulfilling our mission by  
enrolling in direct deposit.  
Complete and return this form today!  
Thank you*



Vendor/Grantee Name: \_\_\_\_\_

*I (we) authorize Chaffee County Community Foundation "CCCF" to initiate variable  
entries to my (our) account described below:*

Entity Type: :                      **Business**                      **Individual**

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:                      **Checking**                      **Savings**

Account Number: \_\_\_\_\_

Bank ABA/Routing Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

**Email this completed form together with IRS Form W-9 AND copy of a voided  
check** to Laurel Biedermann, Administrative Coordinator, CCCF at  
[admin@chaffeecommunity.org](mailto:admin@chaffeecommunity.org)

Requests for ACH direct deposit **MUST** include a copy of a voided check or a letter from your bank verifying your routing and account numbers.

Please scan or attach you voided check here: