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# ACH Payment Enrollment Form

For Recipients of Designated Grants

For direct deposit of grant payments to your organization, please complete and sign this form and return it by secure fax or mail, marked as confidential. Please do not email.

**Fax this Form and voided check Image (or bank letter) to:** OR **Mail this Form and voided check (or bank letter) to:**

Secure Fax: 503.966.9007  
Attn: Lixin Wang

OCF  
1221 SW Yamhill, Suite 100  
Portland, OR 97205  
Attn: Lixin Wang

Organization Bank Information	
Grantee Organization Name	
Name on Bank Account	
Bank Name	
Bank Mailing Address	
Transit / ABA Routing #	
Account Number	
Account Type (Check One)	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

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

Organization Contact Information	
Please indicate one contact to receive an email notification when a deposit is processed	
Contact Name	
Telephone Number	
Email Address	

As an anti-fraud measure, we require verification of the account information.  
For checking accounts, please attach a **voided check**.  
For savings accounts please include a **bank letter** verifying the account information.

