Regional Development Authority
Grant Recipient Direct Deposit Authorization Form

I (we) hereby authorize Regional Development Authority, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I (we), also, authorize the COMPANY and the DEPOSITORY to initiate debit entries to my (our) account indicated below to reverse any credits made to such account in error. This authority 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. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Organization Name: _____

Street Address: _____

City, State, Zip Code: _____

Bank Routing Number   **Bank Account Number**   **Check Number**

Financial Institution: _____

Account Number: _____

9-Digit Routing #: _____

Type of Account: ☐ Checking ☐ Savings

*A new form is required for every grant cycle. This step ensures that we direct funds to the correct account.

Please attach a voided check for each bank account to which funds should be deposited.
IMPORTANT: RDA cannot process your ACH transfer without a voided check.

I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the above account information is correct and agree to enter into the direct deposit on behalf of said company, and that the signature below is my own proper signature.

Signature & Title: _____   **Date**: _____