EST. 2005
PROJECT HEALING WATERS

AUTHORIZATION FOR ELECTRONIC (ACH) DEPOSITS

LEGAL NAME:	**EMPLOYER IDENTIFICATION NUMBER:** (If applicable)
I, _____, hereby authorizes Project Healing Waters Fly Fishing, Inc. (PHWFF) to make deposits and if necessary, process any adjustments needed to correct entries made in error, to the account specified below.	
NAME OF FINANCIAL INSTITUTION (to receive electronic payments):	**ROUTING TRANSIT NUMBER** (must be 9 digits)**:**
ADDRESS, CITY, STATE, ZIP:	**ACCOUNT NUMBER:**
BRANCH (if applicable):	
TYPE OF ACCOUNT (Select One) ☐ CHECKING ☐ SAVINGS	
This authority is to remain in full force and effect until **PHWFF** has received written notification from _____(your name) of its termination at such time and in such manner as to afford **PHWFF** and the financial institution specified above a reasonable opportunity to act on it.	
AUTHORIZED SIGNER (PLEASE PRINT FULL NAME)	**TITLE**
✍**SIGNATURE**	**DATE**

Required bank information for electronic notification of ACH transfers:

Contact name: _____

Job Title: _____

Contact phone: _____

Contact email address: _____

Please submit this completed form with a voided check by email or mail:

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