



SCSF Electronic Payment Authorization

This form authorizes the State Charter Schools Foundation of Georgia to deposit funds electronically into your bank account.

Payee Name _____

Address _____

City _____ **State** _____ **Zip code** _____

Contact _____ **Phone Number** _____

Email for Remittance _____

Bank Name _____

Account Type ___ **Checking** ___ **Savings**

Bank Routing Number (ABA) _____

Bank Routing Number (Wire Transfer) _____

Bank Account Number _____

Signature _____

Date _____

Please email to mneely@scsfga.org. Attach a canceled check or other document verifying routing number and account number. If either number is incorrect, there will be a delay in receiving funds, and the payee may be responsible for any fees associated with canceled payments. *SCSF will only remit payment via wire transfer to the payee if ACH or check payment methods are not available at the SCSF's sole discretion.*