



The Ford Family Foundation Scholarship Office
 44 Club Road, Suite 100
 Eugene, OR 97401
 (541) 762-0227
fordscholarships@tfff.org

AUTOMATIC CREDIT AUTHORIZATION FORM			
SCHOOL NAME		SCHOOL FEDERAL TAX ID NUMBER	
<p>I authorize THE FORD FAMILY FOUNDATION, hereinafter called the FOUNDATION, to deposit payments to the account indicated below at the FINANCIAL INSTITUTION named below. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law. I certify that I am authorized to enter into this agreement on behalf of the account holder.</p>			
SIGNATURE OF SCHOOL AUTHORIZED REPRESENTATIVE		PRINTED NAME OF SCHOOL CONTACT PERSON , TITLE, & DATE	
SCHOOL ADDRESS, CITY, STATE, ZIP		E-MAIL ADDRESS & PHONE NUMBER	
<i>FOLLOWING TO BE COMPLETED BY FINANCIAL INSTITUTION REPRESENTATIVE</i>			
Financial Institution (Bank) Name		Branch	Telephone Number
Financial Institution Address		City	State
Zip		Account Name	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		Account Number	
Routing Number		Account Number	
<i>This Financial Institution is ACH capable and I have verified the above account information.</i>			
Financial Representative's Signature		Date	
Financial Representative's Printed Name		Financial Representative's Phone # & email	
<p>This authorization is to remain in full force and effect until the FOUNDATION has received written notification from the SCHOOL of its termination in such time and in such manner as to afford the FOUNDATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.</p>			