

**ACH Payment Authorization Form (Enrollment Fee)**

In order to pay a fee to The Foundation of The Arc of Northern Virginia via ACH, the following information is needed:

Beneficiary Name: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Payment Amount: \_\_\_ \$1,050     \_\_\_ \$775     \_\_\_ Other \$ \_\_\_\_\_

**Originating Account Information:**

Account Holder's Name: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

Bank/Institution Name: \_\_\_\_\_

Type of bank account: \_\_\_ checking     \_\_\_ savings

**\*Please note: Payments via ACH are first deposited into a KeyBank Demand Deposit Account (DDA) and then transferred to Foundation of The Arc of Northern Virginia. This process may take up to ten (10) business days. Inaccurate information provided on this form may delay the deposit.**

*By signing below, I authorize scheduled charges to my checking/savings account. I will be charged the amount indicated above. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I agree no prior-notification will be provided unless the date or amount changes, in which case I will notify The Arc of Northern Virginia Trust Department at least 10 days prior to the payment being collected. I understand that this authorization will remain in effect until I cancel it in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I certify that I am an authorized user of this bank account and will not dispute this (or these scheduled) transaction(s) with my bank.*

Please return the signed form to the Assistant Director of Trusts via mail, email or fax.

The Arc of Northern Virginia  
23060 Williams Drive, Suite 300, Fairfax, VA 22031  
703-208-1119 Ext. 136  
703-982-7138 (Private fax)  
reanna.weatherford@thearcofnova.org

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date