

## GRANT PARTNER ELECTRONIC PAYMENT INSTRUCTIONS

The Skillman Foundation makes electronic grant payments. A completed Grant Partner Electronic Payment Authorization Agreement is required to process your grant payment. A form is attached to these instructions.

In completing the form, you have two options.

### Option One

For grant partners who have bank account information on file from previous payments, a signature from the Executive Director or CEO authorizes the Foundation to use bank account information on file. Please provide:

- Signature from Executive Director or CEO
- Bank Name
- Account Number
- Routing Number

### Option Two

For grant partners without bank information currently on file at the Skillman Foundation or if grant partners want to use new bank information.

Please provide:

- Bank Name
- Account Number
- Routing Number
- Signature from Executive Director or CEO
- Signature from CFO or Treasurer
- A voided check

Please contact Danielle McLaughlin, Grants Manager at (313) 393-1201 or [dmclaughlin@skillman.org](mailto:dmclaughlin@skillman.org) if you have questions.

## GRANT PARTNER ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT

### BANK ACCOUNT INFORMATION ON FILE

**For grant partners with bank information currently on file at the Skillman Foundation: please sign to authorize the Foundation to use bank account information on file.**

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**Grant Partner Name:** \_\_\_\_\_

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I authorize the Skillman Foundation to use the banking information currently on file at the Foundation.

**Executive Director or CEO:** \_\_\_\_\_

Signature

Title

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

**Date**

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**Financial Institution Information:**

**Name of Banking Institution** \_\_\_\_\_

**Account Type**

Savings

Checking

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

*9-digit routing number printed in the lower left-hand corner of your checks. Do NOT provide wire transfer information.*

*You will be notified via e-mail when the payment (ACH) has been processed. Please allow 2 business days for funds to appear in your bank account.*

## GRANT PARTNER ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT

### BANK ACCOUNT INFORMATION NOT ON FILE

For grant partners without bank information currently on file at the Skillman Foundation: please provide

- 1) Bank account information
- 2) Two required signatures
- 3) A voided check.

Grant Partner Name: \_\_\_\_\_

1) We hereby authorize the Skillman Foundation to credit the below named organization's bank account for purposes of making grant payments.

#### Financial Institution Information:

Name of Banking Institution \_\_\_\_\_

Account Type

Savings

Checking

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

*9-digit routing number printed in the lower left-hand corner of your checks. Do NOT provide wire transfer information.*

#### 2) Authorized Signatures: TWO SIGNATURES ARE REQUIRED

Executive Director or CEO

Treasurer or Chief Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail\*

\_\_\_\_\_  
E-mail\*

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

#### 3) Attach a voided check

*You will be notified via e-mail when the payment (ACH) has been processed. Please allow 2 business days for funds to appear in your bank account.*