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**BANKING FAX COVER SHEET**

**GREATER GIVING FAX #: 503-597-0580**

**PAGES (INCLUDING COVER SHEET): \_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Order Information**

Please check one box below:

[ ]  - I am a new customer and this is my first purchase

[ ]  - I am an existing Greater Giving customer and want to change the bank account and/or routing number where Greater Giving deposits credit card proceeds

Customer Number (for existing customers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Submitting Update: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Banking requirements:**

* Organization name & address printed on check or letter (cannot be handwritten or edited in any way)
* Organization ACH routing and account number printed on check or bank letter
* Bank information
	+ Voided checks contain the bank information needed to meet this requirement
	+ Bank letters must be
		- On bank letterhead, showing bank address
		- Contain the name, title & phone number for the person providing the letter with the bank
* All information must be correct and current at the time of the receipt
* Starter checks, deposit slips, bank statements or internal banking paperwork will not be accepted
* We do not accept any banking information by email

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