COASTAL BEND COMMUNITY FOUNDATION

ACH Instructions

Organization Information

Payee Name: _____

Payee Remit Address: _____

_____

Tax ID #: _____

Payee Contact Name: _____

Payee Contact Number: _____

E-mail Notification: _____

Bank Information

Bank Name: _____

Bank Address: _____

_____

Bank R/T #: _____

Bank Account #: _____