

ACH/EFT Banking Information Request



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

Organization Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account Type (Checking/Saving) \_\_\_\_\_

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

ABA Routing Number  
(must be 9 digits) \_\_\_\_\_

Your Signature \_\_\_\_\_

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

Title \_\_\_\_\_

Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

If you have any questions regarding this form, please call or email Jinyun Ni at  
617-892-6124 or [jni@t1dexchange.org](mailto:jni@t1dexchange.org).

**11 Avenue De Lafayette, Boston, MA 02111**