NEO PHILANTHROPY

PART 1: Domestic ACH/Wire Enrollment Form

Business/Account Name: _____

Choose One: ☐ New Vendor ☐ Change Existing Vendor Record

Type: ☐ Entity/Organization ☐ Individual

Tax ID Number:

Email Address: _____

Account Type: ☐ Checking ☐ Savings ☐ Other, please describe: _____

Bank Name: _____

Bank Address: _____

Routing Number:

Bank Account Number:

Authorization

I hereby authorize NEO Philanthropy to electronically deposit any payments made by its Accounts Payable Department into the bank account specified above. This authorization will remain in full force until NEO receives written notice of its termination in such time and manner as to afford NEO and bank named above a reasonable opportunity to act upon it. In the event that the NEO notifies the bank that funds have been deposited to the account in error, I hereby authorize and direct the bank to return such funds to NEO as soon as possible. In the event that for any reason the bank is unable to return said funds to NEO, I hereby authorize NEO to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from NEO; (2) demanding in writing the return of the funds, in which case I hereby agree to return such funds to NEO within two weeks of receipt of the written demand. These remedies shall be in addition to and not in lieu of any other remedies available to NEO under law. I further agree that if such funds are not repaid to NEO, I will be liable for all costs of collection, including reasonable attorney fees incurred by NEO in the collection of such funds, together with the maximum interest permitted by law.

_____ _____

Signature of corporate officer or individual account holder *Date*

_____

Print name and title of corporate officer or individual account holder

FOR NEO FINANCE USE ONLY		
CLIENT ID:	ENTERED BY:	DATE ENTERED:

NEO PHILANTHROPY

PART 2: Wire Transfer Form for Foreign Vendors

Business/Account Name: _____

Choose One: ☐ New Vendor ☐ Change Existing Vendor Record

Type: ☐ Entity/Organization ☐ Individual

Email Address: _____

Name of Correspondent US Bank: _____
(if applicable, for payment made in US Dollars)

US Bank ABA or SWIFT Code

Foreign Bank Name: _____

Foreign Bank Address: _____

Foreign Bank SWIFT Code

International Bank Account Number (IBAN):

Authorization

I hereby authorize NEO Philanthropy to electronically deposit any payments made by its Accounts Payable Department into the bank account specified above. This authorization will remain in full force until NEO receives written notice of its termination in such time and manner as to afford NEO and bank named above a reasonable opportunity to act upon it. In the event that the NEO notifies the bank that funds have been deposited to the account in error, I hereby authorize and direct the bank to return such funds to NEO as soon as possible. In the event that for any reason the bank is unable to return said funds to NEO, I hereby authorize NEO to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from NEO; (2) demanding in writing the return of the funds, in which case I hereby agree to return such funds to NEO within two weeks of receipt of the written demand. These remedies shall be in addition to and not in lieu of any other remedies available to NEO under law. I further agree that if such funds are not repaid to NEO, I will be liable for all costs of collection, including reasonable attorney fees incurred by NEO in the collection of such funds, together with the maximum interest permitted by law.

_____ _____
Signature of corporate officer or individual account holder *Date*

_____
Print name and title of corporate officer or individual account holder

FOR NEO FINANCE USE ONLY		
CLIENT ID:	ENTERED BY:	DATE ENTERED: