



### ACH Authorization Form

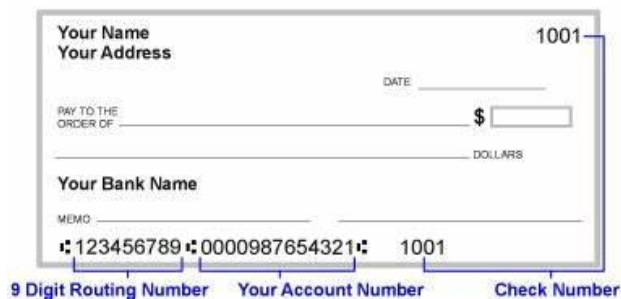
Please complete all fields below to authorize an electronic funds transfer from JELF to your bank account. Once completed, please sign and return this form to JELF.

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#### Bank Account Holder Information:

- **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

#### Bank Information



- **Bank Name:** \_\_\_\_\_
- **Bank Location (City/State):** \_\_\_\_\_
- **Bank Account Number:** \_\_\_\_\_
- **9-Digit Routing Number:** \_\_\_\_\_

#### Authorization and Agreement

I, the undersigned, authorize Jewish Educational Loan Fund (JELF) to initiate an electronic funds transfer from JELF to the specified above. I understand and agree that:

- I affirm that the bank account information provided is accurate and that I am an authorized signer on the account.
- I understand that any errors in the information provided may result in delays, and I will promptly notify JELF of any issues related to this authorization.

**By signing below, I confirm that I have read, understood, and agree to the terms above and authorize JELF to process this ACH debit.**

**Signature of Account Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the completed form to Cathy Miller, JELF COO ([cmiller@jelf.org](mailto:cmiller@jelf.org))