



OPENLANDS
ELECTRONIC FUND DEPOSIT TRANSFER ENROLLMENT FORM

PAYEE NAME: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

AR EMAIL ADDRESS: _____

An email will be sent to this email address to confirm that payment has been sent.

BANK INFORMATION: _____

BANK NAME: _____

BANK ABA/ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

NAME ON BANK ACCOUNT: _____

TYPE OF BANK ACCOUNT (checkings or savings): _____

PRINT NAME OF AUTHORIZING INDIVIDUAL: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Please note that this information will be provided to Bambora, our third party payment processing service.

PLEASE RETURN THIS COMPLETED FORM TO ACCOUNTSPAYABLE@OPENLANDS.ORG