

# newventurefund

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## ELECTRONIC FUNDS TRANSFER FORM

### APPLICATION FOR DIRECT CREDIT REMITTANCE

I/We hereby authorize that all future payments be made via Electronic Funds Transfer as per the following bank details

<b>APPLICANT DETAILS</b>			
Foundation for National Progress			
Name	FNP// <del>USA</del> Media Consortium	Project(s)	Media Consortium
Street Address	222 SuHer St 600	City, State, Zip	San Francisco
Contact No. (mobile pref.)	415-878-3862	Account Type	
ABA/Routing No.	121182056	Account No.	82000 9812
<b>NOTIFICATION OF TRANSFER OF FUNDS:</b> Official notification of transfer of funds will be made via the email address provided below			
Work Email Address	Joellen@themediaconsortium.com		
<b>BANK DETAILS:</b>			
Bank Name	Beneficial State Bank		
Name on Bank Account (if different from applicant name)	Foundation for National Progress		
Branch Bank Address	1438 Webster Ste 100	City, State, Zip	Oakland CA 94612
<b>**EMPLOYEE ONLY**</b>		Date of Birth	
Percent to be deposited in account			

#### Conditions of this agreement:

- I/We will be responsible for notifying New Venture Fund in writing of any changes in the above particulars. Until receipt of such notifications, New Venture Fund shall process all payments in accordance with the above particulars.
- I/We warrant that the bank account details so provided are not false and comply with all applicable laws.
- New Venture Fund has the right to accept the authority of the undersigned as conclusive evidence of that persons authority to execute this agreement on behalf of the supplier. New Venture Fund is under no obligation to verify the authority of the undersigned on the Bank Account details.
- I/We acknowledge that it is not practicable for New Venture Fund to keep banking details confidential, to the extent that these will be available to New Venture Fund staff in carrying out their normal duties in paying creditor accounts.
- New Venture Fund will not be responsible for any delays in the payment or errors due to factors outside the reasonable control of New Venture Fund (including but not limited to delays and errors in the banking system).
- New Venture Fund reserves the right at any time to terminate or suspend this direct credit payment method and to pay by check or any other manner which New Venture Fund may determine.

SIGNATURE:  NAME: Joellen Green Kaiser DATE: 4/25/16

#### PERSONAL INFORMATION PROTECTION STATEMENT

Personal information we collect from you on this Electronic Funds Transfer Form will be used by New Venture Fund and Arabella Advisors staff for the purpose of making payments to you for grants, loans, invoices or other payments as may be necessary from time to time. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of New Venture Fund and/or Arabella Advisors. Your basic personal information will only be disclosed to other public sector bodies where necessary for the efficient storage and use of the information.