

City First Enterprises Payment Form

For questions in regard to filling out this form, please contact us directly at dcgrant@cfenterpises.org or 202-745-4485

Payment Method:	ACH/Wire	Check	
For payment via ACH/\	Nire complete the information	on below:	
Name on Account:		Business Name:	
Account Address:		Account Owner Name	
STREET ADDRESS 1		Account Owner Co	ntact Phone
STREET ADDRESS 2	RESS 2 Account Owner Email		ail Address
CITY	STATE		
710			
ZIP			
Bank Name:		ACH Post Date:	
Account Number:		Type of Account:	
		Savings	Checking
Routing Number		Savings	Checking
Authorized Signature		Date	
For pavment via check	please complete the informa	ition below:	
Business Name		Authorized Contac	t Name
Dasilless Hallie		. idilioi izca contac	
Payee Name		Authorized Contact Phone	
, -			

Authorized Contact Email Address



Business Address	check here if mailing address is the same	Mailing Address	
STREET ADDRESS 1		STREET ADDRESS 1	
STREET ADDRESS 2		STREET ADDRESS 2	
CITY	STATE	СІТҮ	STATE
ZIP		ZIP	
Authorized Signature		Date	