



Charity Consent Form

This Consent is entered into in favor of Society of Health and Physical Educators (“SHAPE America”) by _____ (“Charity”).

The health. moves. minds.™ program is an activity-based service-learning program of SHAPE America which includes an online fundraising platform and educational material based on health and physical education standards.

By participating in SHAPE America’s health. moves. minds. program, the Charity is supporting health and physical education programs at the local, state and national levels.

Schools are provided with a participation incentive and are given the option to allocate 25% of the funds raised toward that incentive to a local charity of the school’s choice.

A participating school, _____ [school name] has opted to allocate 25% of funds raised to Charity. To publicize the school’s generosity, Charity agrees to permit SHAPE America, _____ [school name] and participating faculty and students to inform donors and potential donors that a portion of the proceeds will benefit Charity. Charity’s name and logo may be utilized for this purpose.

Proceeds for the Charity will be paid by ACH in August 2020 at the conclusion of the 2019/2020 program. The Charity is asked to return the attached ACH form to SHAPE America’s accounting department prior to July 15, 2020 to ensure timely payment. The ACH form may be faxed to the following secure fax number: 703.476.9537.

This Consent shall terminate after fulfillment by payment of 2019/20 funds due to Charity.

Charity Information

Charity Name:

Authorized Signer:

Charity Address:

Date: _____

Printed Name of Authorized Signer:

501c3 Tax ID:

Title: _____

E-mail: _____

Phone Number: _____



SHAPE AMERICA ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for ACH Payments/Direct Deposits. The information being collected on this form will be used by SHAPE America to transmit payment data, by electronic means, to your bank. Failure to provide the requested information may delay or prevent the processing of your payment. It is the individual's responsibility to notify SHAPE America of pertinent payee information and or bank account changes in writing. Please type or print on this form.

PAYEE INFORMATION

NAME: _____
ADDRESS: _____
ADDRESS: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____
EIN.#: _____

BANK INFORMATION

BANK NAME: _____
BANK ADDRESS: _____
BANK ADDRESS: _____

(9) DIGIT ROUTING/ABA NUMBER FOR RECEIVING ACH
PAYMENTS: _____

(YOU CAN GET THE ROUTING/ABA NUMBER FROM YOUR BANK. CALL AND ASK THEM WHAT IS THE ABA NUMBER YOU NEED TO GIVE IN ORDER TO RECEIVE ACH PAYMENTS INTO YOUR ACCOUNT)

BANK ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

SIGNATURE _____ DATE _____

Please complete this form:

- (1) Retain one copy for your records
- (2) Return signed copy to by mail or fax to:
SECURE FAX LINE: 703.476.9537

Please reach out to AP@shapeamerica.org if you have any questions pertaining to the submission of these forms.