



Electronic Payment (ACH/Wire) Form

Complete this form electronically and email to ar@firstinspires.org at the time of making an electronic funds transfer to FIRST

PAYOR NAME

ADDRESS LINE 1

ADDRESS LINE 3

ADDRESS LINE 4

PAYOR EMAIL

STATE/ PROV POSTAL/ ZIP CODE

BANK/PAYMENT INFORMATION

BANK NAME

ACCOUNT NAME

BANK REF #
(if available)

LAST 4 DIGITS ACCOUNT NUMBER

PAYMENT DATE

TOTAL PAYMENT AMOUNT

PLEASE OUTLINE THE TEAM(S)/ACCOUNTS OR INVOICE(S) PAYMENT IS BEING SENT FOR & AMOUNT TO BE APPLIED TO EACH TEAM/ACCOUNT

PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT
PROGRAM	TEAM #	AMOUNT

If payment includes additional teams, please send a supplemental document with Program, Team #, and amount to be allocated to team for each additional team

OTHER (inc invoice #s)

AMOUNT