

Please complete the form below and drop it off or mail it to your nearest branch location.

First Bank of Greenwich - Charitable Checking Enrollment Application

- Participation in the "Charitable Checking" Program is pending until written approval is provided by The First Bank of Greenwich.
- To be eligible for the Charitable Checking Program, the Applicant must be a nonprofit organization maintaining 501(c) status, be in good standing as a 501(c) organization and maintain a physical address within Fairfield and Westchester Counties. Once the Applicant is enrolled and the minimum number of supporters has been met, the Bank will make quarterly donations commencing with the first day of the succeeding quarter following satisfaction of the enrollment criteria and continuing each successive quarter for as long as the enrollment criteria continues to be met in the immediately preceding quarter. All quarterly donations are based upon the balances of the organization's supporters' designated new and existing deposit accounts.
- The Bank will not share any information about supporter customers or recipients with any third parties unless legally required to do so.
- To be eligible for the FBOG Program Applicant may not be a municipality or local government agency; the Bank does not offer a supplemental insurance program to protect the deposits of said municipality or government agency.
- Applicant hereby authorizes The First Bank of Greenwich, without compensation, to use, reproduce and/or publish photographs and/or video that may pertain to Applicant including images, likeness and/or voice, for advertising, promotional, and/or internal purposes. The undersigned understands that this material may be used in various publications. This material may also appear on The First Bank of Greenwich's website at greenwichfirst.com. All copyrights and other intellectual property rights to the photographs/videos taken are the property of the First Bank of Greenwich and may be edited by the First Bank of Greenwich before use.
- The Charitable Checking Program is subject to internal and external auditing and is subject to change without notice.
- Applicant will need to provide general information and documentation. Please submit the following:
 - Name, Address, County of Organization.
 - Website address, if applicable.
 - The Organization's nine-digit tax identification number.
 - Primary signer's address, email address and telephone number.
 - Additional Organization information – such as year founded, mission, organization type, staff and volunteer information, etc.
 - A copy of the Organization's 501(c) status federal tax exemption letter of determination and, if applicable, evidence of the applicant's authority to operate under 501(c).
 - Copy of filed certificate of incorporation.

Organization Name: _____

Organization Account Number: _____ Checking Savings

Address: _____

Contact Name: _____ Contact Phone: _____

Email Address: _____ Website: _____

Purpose/Mission of Organization: _____

Authorized Signer: _____ Date: _____

*Originating Br: _____ *Employee Name: _____ *CAP Tracking #: _____

*<https://www.irs.gov/charities-non-profits/exempt-organizations-select-check> review performed copy attached

*Bank Officer FBOG Approval: _____

*For FBOG use only

MEMBER ORGANIZATION MUST NOTIFY FIRST BANK OF GREENWICH IF THERE IS A CHANGE IN ITS NONPROFIT STATUS