



AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name: _____
Address: _____
City, State Zip: _____
Telephone: _____
Contact Name: _____
Contact e-mail: _____
(for ACH remittance notification)

Complete this section for **NEW** enrollments or for financial institution or account changes.

Select one: New Enrollment Financial Institution or Account Change

Bank Name _____

Branch (if applicable) _____

City, State Zip _____

Transit/Routing Number _____

Bank Account Number _____

Account Type (check one) Checking Account Savings Account

I, the undersigned, authorize the American Psychological Association (APA) to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until APA receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____

Name (printed) _____ Title _____

Complete this section to **CANCEL** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for the American Psychological Association (APA) to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as APA has reasonable time to act upon it.

Signature _____ Date _____

Name (printed) _____ Title _____

Mail the completed form to the address above or email to divacct@apa.org

ForAPAuseonly

Vendor Number _____ Date Received _____