



**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](mailto:divacct@apa.org)**

ForAPAuseonly

Vendor Number \_\_\_\_\_ Date Received \_\_\_\_\_