

ACH PAYMENT AUTHORIZATION FORM

I hereby authorize the AMERICAN LIBRARY ASSOCIATION and the financial institution shown below to deposit my reimbursement request and/or invoice payment into my account. This authority will remain in effect until I file a new ACH Payment Authorization Form.

Vendor Name _____

Preferred email address _____

Signature Date

ADD - Deposit my payment to the account shown*

CHANGE - Change financial institution and/or account number*

Account Type: _____

Account Number: _____

ABA (Routing) Number: _____

ATTACH COPY OF VOIDED CHECK HERE

Return complete form to: American Library Association
Accounts Payable/ACH
50 E. Huron St.
Chicago, IL 60611

Fax complete form to: (312) 280-5272
Attention: Accounts Payable/ACH

*Each account must be prenoted with your bank to insure accuracy. You will continue to receive live checks until we receive account confirmation. The prenote cycle is approximately 5 – 6 banking days.