

Automated Clearing House (ACH) Vendor/Payee Enrollment and Authorization

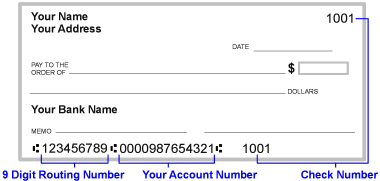
Individual  Vendor/Company/Museum

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| AMERICAN ALLIANCE OF MUSEUMS  2451 Crystal Drive, Suite 1005  Arlington, VA 22202 | |
| Email: accounting@aam-us.org | P: 202-289-9129 F: 202-289-6578 |

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| PAYEE INFORMATION | |
| Name (Required) | Vendor Number (AAM-Assigned) |
| Address (Required) | SSN or FEIN (Required for Vendors only) |
| Telephone Number (Required) | Email Address |
| Select One:  Initial Enrollment  Change of Account #  Discontinue | |

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| FINANCIAL INSTITUTION INFORMATION | |
| Bank Name (Required) | Bank Address |
| Account Number\* (Required) | Routing/ABA Number\* (Required) |

\*Please refer to sample check below to locate your bank account number and routing number:



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| AUTHORIZATION  I authorize American Alliance of Museums and the financial institution listed above to deposit my payment automatically to my designated account each time a payment is made and, if necessary, to adjust or reverse a deposit for any entry made to my account in error by AAM. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford AAM a reasonable opportunity to act upon it. I will notify AAM of any changes made to my bank account information. | |
| Signature | Title: |
| Date: |