

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

[ ]  Individual [ ]  Vendor/Company/Museum

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| AMERICAN ALLIANCE OF MUSEUMS2451 Crystal Drive, Suite 1005Arlington, 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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| AUTHORIZATIONI 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:       |