

Please accurately complete **ALL** fields below. Incomplete or incorrect information may greatly delay payment processing.

Return complete form by mail to: American Library Association, Attention: Jennifer Tam, 225 N. Michigan Ave., Suite 1300, Chicago, IL 60601

Fax complete form to: (312) 280 -5272, Attention: Jennifer Tam

Email complete form to: Jennifer Tam, jtam@ala.org

GENERAL INFORMATION	FILL IN INFORMATION BELOW
VENDOR NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
EMAIL ADDRESS (Required to receive remittance information):	
<input type="checkbox"/> New Account Setup <input type="checkbox"/> Change Account Profile	

FINANCIAL INSTITUTION INFORMATION

BANK NAME:	
ADDRESS:	
City, STATE, ZIP CODE:	

Automated Clearing House (ACH) Information

ABA BANK ROUTING NUMBER :	
Account Number:	

Checking	Savings	Other	Please describe:
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Certification

I hereby authorize the AMERICAN LIBRARY ASSOCIATION and the financial institution shown on this form to initiate credit entries directly into my account. This authority will remain in effect until I file a new ACH payment authorization form.

SIGNATURE:	
DATE:	

Please include a voided check or deposit slip