



## Direct Deposit Authorization Form

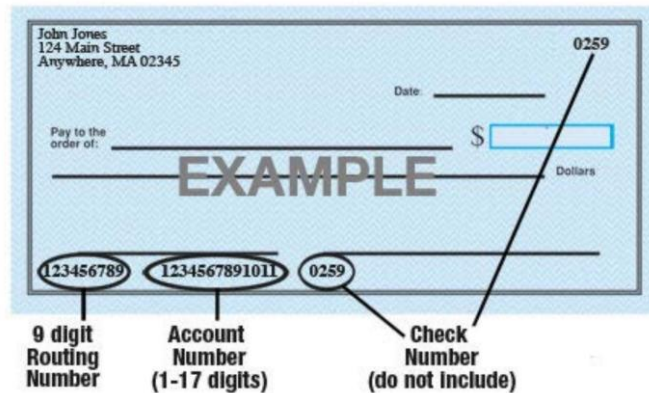
Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_



Name of U.S. Bank: \_\_\_\_\_

Account # \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Please mail this form along with a voided **check** to the American Accounting Association, Attention: Accounts Payable, 9009 Town Center Parkway, Lakewood Ranch, FL 34202. Request will not be honored without attaching a voided check. If you have any questions, please email [AP@aaahq.org](mailto:AP@aaahq.org).

The American Accounting Association is hereby authorized to directly deposit my payment into the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_