



ELECTRONIC FUND TRANSFER (EFT) AGREEMENT

It is understood by the undersigned Vendor/Claimant that American Industrial Hygiene Association may initiate credit (deposit) in various amounts, by electronic transfer of funds through automated clearinghouse (ACH) processed to the checking or savings account designated in the financial institution name.

The Vendor/Claimant may revoke this request by notifying the AIHA finance office in writing at least 15 days prior to the effective date of revocation.

Any changes to the account or to a new financial institution will require submission of a new Direct Deposit Authorization form and agreement.

(Name)

(Title - for organizations or corporations only)

(Date)



SET-UP FORM FOR ELECTRONIC FUNDS TRANSFER (EFT) OF COLLECTED LOCAL SECTION DUES

Local Section: _____

Address: _____

Contact Name and Title: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Bank Name: _____

Account Name _____

ABA/Routing # (9 digits) _ _ _ _ _

Bank Account Number _____

Account Type _____ **(e.g. checking, savings)**

Authorized Signature _____

Mail or Fax completed form to:
American Industrial Hygiene Association
ATTN: Accounts Payable
3141 Fairview Park Drive, Ste. 777
Falls Church, VA 22042
703-207-3561 (fax)

For AIHA Use
VENDOR ID # _____