



American  
Bankers  
Association

Building Success. Together.

Please be advised that the American Bankers Association is transitioning towards paying our vendors through a form of electronic transfers, known as ACH payments.

You will discover a significant improvement over the traditional "check in the mail" process. Payments will be deposited directly into your company's bank account. This will result in immediate funds availability and improve your company's cash flow.

You will also receive an e-mail from us indicating the funds were deposited into your account. The e-mail will provide you the necessary details of the payment, including invoice numbers, date and amount.

Please complete the enclosed "Authorization for Electronic Vendor Payments" form, sign and return to:

**American Bankers Association**  
**Attn: Accounts Payable**  
**1120 Connecticut Avenue, N.W.**  
**Washington, DC 20036-3902**  
**Email: [abapay@aba.com](mailto:abapay@aba.com)**

Please contact our Accounts Payable Department at 202-663-5086 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barry S. Epstein".

Barry S. Epstein  
Controller

Enc.

## American Bankers Association

### Authorization for Electronic Vendor Payments

#### **Transaction Type:**

Please check one:

New ACH Setup

Cancellation Request

Change Account Number

Change Financial Information

Change Account Type

#### **Payee Identification:**

Vendor Name :

Vendor Address:

City:

State:

Zip Code:

Federal Employer Identification Number (EIN) :

Business Phone Number (Area code and Number) :

Email Address (Individual who should be notified when payments are credited) :

#### **Financial Institution:**

Bank Name:

Account Number:

Bank Routing Number (ABA#):

Account Type (select one) :    Checking    Savings

Once you have completed the form, please sign below and return to:

American Bankers Association  
Attn: Accounts Payable  
1120 Connecticut Avenue, N.W.  
Washington DC 20036-3902

I(We) the undersigned hereby authorize the American Bankers Association, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit adjustments not to exceed the total of the original amount credited to my (our) account indicated above and the depository named above.

**Please note: The request will not be processed without a signature.**

Name:

Title:

Signature:

Date: