



<b>AUTHORIZATION AGREEMENT FOR AAAS ACCOUNTS PAYABLE DIRECT DEPOSIT</b>
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Name: \_\_\_\_\_

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

Ph/Ext: \_\_\_\_\_

e-mail: \_\_\_\_\_

I hereby authorize the American Association for the Advancement of Science, hereinafter called AAAS, to initiate credit entries to my checking or savings account indicated below, and the depository named below to credit the same such amount. In the event a credit is made to my account in error, I authorize AAAS to make a correcting entry under the condition that I am notified of said adjustment.

This authorization is to remain in full force and effect until AAAS receives written notification from me of its termination in such time and in such manner as to afford AAAS a reasonable opportunity to act on it.

AAAS Accounts Payable  
1200 New York Avenue, NW  
Washington, DC 20005  
apinfo@aaas.org

**e-mail:** Notification of reimbursements will be sent to the e-mail address provided.

**\*\****Banking information will not be displayed in email*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Type of Account	Checking	Savings
Bank Name		
Bank Address		
Bank City, State		
Transit Routing No. (ABA)		
Account Number		

<i>Note: Attach a cancelled check indicating proper routing number and account number.</i>
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