



The American Academy of Periodontology
737 N. Michigan Avenue, Suite 800, Chicago, IL 60611

ACH Vendor Authorization Form

The information being collected on this form will be used by the American Academy of Periodontology (AAP) to transmit electronic payment data to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

Vendor Information

Company Name:

Phone Number:

Street Address:

City:

State:

Zip Code:

Vendor Contact Information

First Name:

Last Name:

Phone Number:

E-mail Address:

Financial Institution Information

Bank Name:

Account #:

Routing #:

City, State, Zip:

Account Type:

Checking

Savings

Business Account?

Yes

Name:

Date:

Signature:

By completing and signing this form, you authorize the American Academy of Periodontology to initiate an electronic refund of payment to your financial institution listed above; and acknowledge this is a **one-time** payment agreement.