

ACH Payment Form

Authorization Agreement for Preauthorization Payments

I hereby authorize the American Radio Relay League to initiate the processing of payments through automatic bank deposit and to initiate, if necessary, adjustments from any entries made in error to the account indicated below and the depository financial institution named below.

This authority is to remain in full force and effect until the ARRL has received written notification from me of its termination in such time and in such manner as to afford ARRL a reasonable opportunity to act upon it.

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Bank Routing Number (must be 9 digits): _____

Bank Account Number: _____

OR

Attach a copy of a voided check.

Check One:

Checking Account

Savings Account

Signature (Required)

Date

ARRL recognizes the above contains privileged information and therefore will be handled at all times in accordance with ARRL's privacy policies.

Completed forms should be returned to Diane Middleton, Controller

Print, sign and e-mail to dmiddleton@arrl.org or fax to 860-594-0298