



**AIR
FORCE
AID
SOCIETY**

1550 Crystal Dr Ste 809,
Arlington VA 22202

-----ACH VENDOR PAYMENT ENROLLMENT FORM-----

Please complete this form if you are interested in receiving your payments via ACH.

Vendor Information

Business Name: _____

Address: _____

Company Contact Name: _____

Phone: _____

Email: _____

Bank Information

Bank Name: _____

Bank Account Number: _____

Bank ABA (Routing) Number: _____

Bank Address: (Optional): _____

Bank Phone Number (optional): _____

Remittance Advice Method

Email Address: _____

I hereby authorize the Air Force Aid Society to make ACH payments in the account that I listed above in accordance with terms for all deposit accounts. This Authority for ACH payment shall remain in full force and effect until Air Force Aid Society receives written notification from me (or either of us) of any change.

Vendor Signature

Date