

**International Association of Assessing Officers**  
**Vendor ACH/Direct Deposit Authorization Form**

Please print and complete ALL the information below.

**Vendor Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**9-Digit Routing #:** \_\_\_\_\_

**Amount:**       \$ \_\_\_\_\_       \_\_\_\_\_%      or       Entire Amount

**Type of Account:**       Checking       Savings      (Check One)

**Bank Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

Approvals/Authorizations: I certify that the information provided on this form is correct, and I hereby authorize International Association of Assessing Officers (IAAO) to electronically deposit payments to the bank account designated above. It is my responsibility to notify IAAO at [payables@IAAO.org](mailto:payables@IAAO.org) or 816-701-8100 immediately if there is a change in status or banking information. This authorization will remain in effect until I modify or cancel it in writing.

**Authorized Printed Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return the completed form via email to [payables@IAAO.org](mailto:payables@IAAO.org).

For Office Use Only	I	Date Stamp Received
Entered by:		
Date:		