

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 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.

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