



201 Charles Street, Providence, RI 02904-2294 USA

Phone: 401-455-4000, Fax: 401-331-3842

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DOMESTIC ACH DEPOSIT AUTHORIZATION FORM (To be used for bank accounts within the USA)

Name: _____
(Exactly as it appears on your banking account)

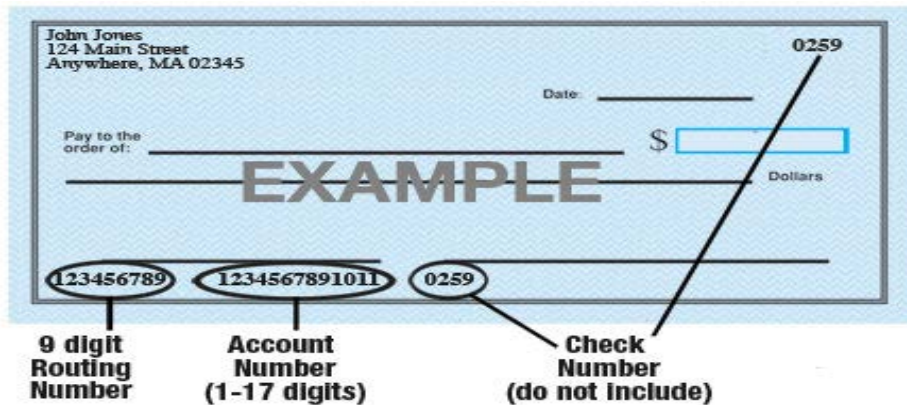
Mailing Address: _____

Email (where you would like to receive payment notification): _____

Please complete the following information using the sample check below.

Routing Number (9 digits): _____ Bank Name: _____

Account Number: _____ Account Type (select one): Checking Savings



I hereby authorize the American Mathematical Society and/or its subsidiaries to deposit my payments, and if necessary, reversals into the account listed above. Further, I agree not to hold the American Mathematical Society responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my bank or due to an error on the part of my bank in depositing funds to my account. This authorization will remain in effect until written notification of change or cancellation has been received by the American Mathematical Society.

Signature: _____ Date: _____
(Owner, Trustee, Executor or Authorized Person)

Signature: _____ Date: _____
(If joint account, both parties must sign)

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Save a copy of the completed form and [upload it to our secure server](https://attach.ams.org/filedrop/AMSFiscalDepartment) using this link.
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