



Please complete this form and email to accountspayable@aps.org or fax to 240.582.9370. To ensure complete accuracy a voided/cancelled check or a form from your financial institution **must accompany this form**. Failure to do so will result in the form not being processed. Please note, it is the responsibility of the recipient to notify APS of any account changes. Email accountspayable@aps.org with any questions or concerns.

Personal Data

NAME (EXACTLY AS IT APPEARS ON THE ACCOUNT)

EMAIL

PHONE

STREET ADDRESS

CITY

STATE ZIP

Account Information

BANK/FINANCIAL INSTITUTION

ACCOUNT TYPE

CHECKING ACCOUNT

SAVINGS ACCOUNT

ROUTING/TRANSIT NUMBER

ACCOUNT NUMBER

Authorization Signature

I authorize the American Physical Society to issue payments to the above account.

SIGNATURE

DATE

