

Authorization Agreement for Direct Payment (ACH DEBITS)

AAUP Federal Tax ID # 53-0196570

I (we) hereby authorize the American Association of University Professors (AAUP) to initiate debit entries to my (our) bank account indicated below at the financial institution named below to debit same such account.

Financial Institution Name _____

Branch _____ Branch Phone Number _____

City _____ State _____ ZIP _____

Routing Number (Obtain from Financial Institution) _____

Account Number _____ This is a ___ checking ___ savings account

This authorization is to remain in full force and effect until AAUP has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AAUP and my financial institution a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signature _____ Signature _____

___ Include optional chapter dues in my debit

___ Include optional conference dues in my debit

Return to AAUP with renewal invoice and a voided check or deposit ticket.

AAUP, Post Office Box 96132, Washington, DC 20077-7020