



## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

ACH Debits and Credit Card Charges

Company Name \_\_\_\_\_ (Member)

ABA Member ID \_\_\_\_\_

### ACH Debit

I, as a duly authorized representative of Member, hereby permit the American Booksellers Association to initiate and transact debit entries to the Checking Account indicated below at the depository institution named below ("Depository"). It is acknowledged that the origination of ACH transactions must comply with the applicable provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number\* \_\_\_\_\_ Account Number \_\_\_\_\_

\*9-digit number in left-hand bottom of check. Photocopy of voided check may be provided instead.

### Credit Card Charge

Visa

MasterCard

American Express

Discover

Name on card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MAY BE REVOKED ONLY ON 15 DAYS WRITTEN NOTICE TO ABA FROM AN AUTHORIZED REPRESENTATIVE OF MEMBER AND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ANY SUCH REVOCATION.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form**

**by fax to:** 914-409-9037

**or mail to:** American Booksellers Association, Attn: Accounting, 333 Westchester Ave., Suite S202, White Plains, NY 10604