

Chapter Disbursement/Rebate Banking Information Form

Please **PRINT** or **TYPE** – in English only.

Date: _____

Chapter Name: _____

*Officer Name and Title: _____

*Signature: _____

*Chapter President or Treasurer

Primary Bank	Name:	
	Account Name:	
	ABA, Routing or Bank and Transit #	
	Account #:	
Bank Address Phone# and Fax#	City :	
	State or Province:	
	Country:	
	Phone#	Fax#
Second Bank (if applicable) <small>This information is needed only if your bank receives funds transferred through a larger institution. Ask your bank for clarification.</small>	Name:	
	Account Name:	
	ABA, Routing or Bank and Transit #	
	Account #:	

Complete the Applicable Fee (if any exist for you to receive funds):

Domestic Direct Deposit	YES	\$ _____	NO
International Wire	YES	\$ _____	NO

Chapter Representative	Name:	
	Phone #:	Fax#:

Return completed forms:

Chapter Rebate Banking Information form with copy of a voided check
 APICS Finance & Accounting
 8430 West Bryn Mawr Avenue, Suite 1000
 Chicago, IL 60631

Questions regarding this service should be forwarded to Chapter Relations

Fax: (773) 639-3007
 Phone: (800) 444-2742 or (773) 867-1777
 Email: chaprel@apics.org

