



American Pharmacists Association[®]

Improving medication use. Advancing patient care.

To receive payments from APhA via ACH/Direct Deposit please complete the information below to enroll. You will receive detailed remittance information via e-email (the same information that would appear on a paper check).

Name (as it appears on W-9) _____

Street Address (Line 1): _____

Street Address (Line 2): _____

City, State and Zip: _____

Contact Name: _____

Contact Phone Number: _____

Email Address for Remittance: _____

Bank Name: _____

Type of Account: _____ Checking _____ Savings

Bank Account Number: _____

Bank Routing Number: _____

Please return this form to:
American Pharmacists Association
Attn: LaToya Coles
2215 Constitution Avenue N.W.
Washington, DC 20037
202-429-7506
lwilson-coles@aphanet.org

Sincerely,
LaToya Coles
Senior Manager, Membership and Chapter Operations