



## CHAPTER DIRECT DEPOSIT AUTHORIZATION

Please sign and return your completed direct deposit authorization form to ASAM, 11400 Rockville Pike, Suite 200, Rockville, MD 20852 or you may email your completed form to [chapters@asam.org](mailto:chapters@asam.org).

Account type:  Checking  Savings

Chapter Name (as it appears on account): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

### PLEASE ATTACH A VOIDED CHECK HERE

To verify and ensure the accuracy of your banking information

#### Authorization

This form authorizes The American Society of Addiction Medicine (the "Company"), located at the national headquarters, to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account indicated above and to other accounts I (we) identify in the future. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

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