

**National  
Electronic Fund Transfer**  
(Please read carefully)

Please complete the information below and submit a voided check corresponding with the account you are requesting direct deposit of your reimbursement checks.

I (we, for joint accounts) authorize the American College/Congress of Obstetricians and Gynecologists, Federal Identification number 36-2217981/90-0489809, to initiate credits to the following account:

**Bank Information**

**Depository Name:**

**Account Number:**

**Account Type:**

**Routing Number:**

Please sign below and if you have a joint account, both signatures are needed. This authority will remain in effect until it is canceled by me/us in writing. Please provide a e-mail address and you will be automatically notified when an EFT transaction has occurred.

**Signature:**

**Date:**

**Signature:**

**Date:**

**Email Address:**