



Chapter and Section Payment Request Form

Date _____

Dollar amount requested: _____

Please complete this form, attach supporting documentation (e.g., copy of receipts or invoices) Return to Vicki Evans via email at:

vevans@ceramics.org

Please provide a brief description of reason for this payment request:

Date funds are needed: _____

Section Chair/Treasurer Signature: _____

***Note:** Signatures are needed from either the section chair or section treasurer.

Recipient's name and complete mailing address: (required for all payment types)

Name: _____

Street address: _____

City, State, Zip: _____ Country: _____

Email address (required, for automatic payment notifications):

Options for payment (check one):

PayPal - for USA or Int'l vendors (preferred for Int'l vendors)

ACerS check in US dollars (USA payments only, if no other method is available to you)

ACH – for USA payments

Wire transfer (for international, fees may apply)

PAYPAL - To receive payment by **PayPal**, you need a valid PayPal account

If you do not have one, you can establish one at <https://www.paypal.com/home>.

PayPal Account Name (if different than Your Name):

PayPal email account:

CHECK - Payment will be issued to the name and address listed above

ACH (USD) or INTERNATIONAL WIRE (USD or Other currency)

To receive payment by **ACH or Wire Int'l**, complete ALL FIELDS that apply

Beneficiary Name (if different than Your Name):

Beneficiary Address (if different than above address):

Bank Account Number:

Type of Account: Checking ☐ or Savings ☐ **and** Business ☐ or Personal ☐

Currency Preference: US Dollar ☐ or Other ☐ (list Currency) _____

ABA Routing Number (US Banks only):

IBAN Number: _____

(International account number)

Bank SWIFT Code (International only):

Bank Name: _____

Bank Address: _____
