



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Member Bookstore/Company Name _____

ABA ID _____

TO PAY BY ACH DEBIT

- Dues (in full)
- Dues (quarterly)
- Dues (monthly, including \$1 service charge)

I, as a duly authorized representative of Member, hereby permit the American Booksellers Association to initiate and transact debit entries to the checking account at the depository institution named below ["Depository"]. It is acknowledged that the origination of ACH transactions must comply with the applicable provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Bank Routing Number* _____ Account Number _____

*9-digit number in left-hand bottom of check. Photocopy of voided check may be provided instead.

TO CHANGE CREDIT CARD ON FILE WITH ABA

- Dues (in full)
- Dues (quarterly)
- Dues (monthly, including \$1 service charge)

- Visa
- MasterCard
- American Express
- Discover

Name on card _____

Card number _____ Expiration Date _____ Security Code _____

Signature _____ Date _____

THIS FORM MAY BE REVOKED ONLY ON 15 DAYS WRITTEN NOTICE TO ABA FROM AN AUTHORIZED REPRESENTATIVE OF MEMBER AND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ANY SUCH REVOCATION.

Printed name _____ Title _____

Signature _____ Date _____

Return:

BY FAX TO: (914) 409-9037

OR MAIL TO: American Booksellers Association, Att: Accounting, 333 Westchester Ave., Suite S202, White Plains, NY 10604

DO NOT EMAIL THIS FORM TO ABA