



Chapter and Section Payment Request Form

Date _____

Options for payment:

ACerS check in US dollars PayPal ACH (for domestic) Wire transfer (for international)

Note: ACerS will cover any service charges for PayPal, ACH or wire transfer.

Please complete this form, attach supporting documentation (e.g., copy of receipts), and return to: Karen McCurdy via email at kmccurdy@ceramics.org.

Recipient's name and complete mailing address:

Section Chair/Treasurer

Signature _____

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

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>.

Your Name _____

Email address to receive payment (same as your PayPal email account) _____

To receive payment by ACH/**wire transfer**, complete ALL APPLICABLE FIELDS:

Payee Name _____

Account number _____

Name on the account _____

Routing number _____

Bank SWIFT code _____

Bank Name _____

Bank Address _____

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

Date funds are needed: _____

ACerS USE ONLY:

Charge to account: _____ Amount: _____ Date to be paid: _____