



**APA WIRE TRANSFER INSTRUCTION**

**Beneficiary Information**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**WIRE FUNDS TO:**

**BANK NAME** \_\_\_\_\_  
**BANK ABA #:** \_\_\_\_\_  
**ACCOUNT NAME:** \_\_\_\_\_  
**IBAN or Account #:** \_\_\_\_\_  
**SWIFT CODE:** \_\_\_\_\_

I, the undersigned, authorize the APA to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until APA Divisions receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_ **Title** \_\_\_\_\_

Complete this section to CANCEL your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for the APA Divisions to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as APA Divisions has reasonable time to act upon it.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_ **Title** \_\_\_\_\_

Mail the completed form to the address above or email to [divacct@apa.org](mailto:divacct@apa.org)

For APADivision use only  
Vendor Number \_\_\_\_\_ Date Received \_\_\_\_\_