

**Instructions for completing e1 Address Request Package:** Page (1) the *E1 Address Request form* should be completed by the AHA staff member. Page (2) the *Payment Options form* should be completed by the third party.

Page (3) the *W-9 form* should also be completed by the third party. Please [click here](#) to submit the form and/or for questions. Select category “Accounts Payable and PCard” and then subcategory “E1 Address Book”. Or you may call Accounts Payable at 214-706-2270.

e.1 address request is for (check appropriate box) OR if updating CURRENT THIRD PARTY enter e.1 Number here:

Scholarship **W-9 not required**

Volunteer honorarium **W-9 required**

Intern reimbursement **W-9 not required**

Grant **W-9 required (Non-Federal)**

Refund **W-9 not required**

Candidate reimbursement for travel expenses **W-9 not required**

Volunteer expenses **W-9 not required**

Mailing Name:

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Postal Code:

**Phone:**

**Email:**

**\* Required Field \***

**Tax ID or Social Security Number REQUIRED for all Third Party and Volunteer Honoraria:**

AHA Employee/Region Name or National Center:

Due Upon Receipt

Net 30 Please

Find definition of AHA Payment Terms and Payment Options by [clicking here](#)

### AHA PAYMENT OPTIONS

*Please approve one form of payment by way of authorization below.*

#### **DIRECT DEPOSIT** Electronic Funds Transfer

American Heart Association offers Full Service Direct Deposit by way of Electronic Funds Transfer for payment to Third Parties. The EFT allows for payment, of funds posted directly to your account within 48 hours.

I hereby authorize AHA to deposit any amounts owed the organization I represent by initiating credit entries to my account at the financial institutions indicated on this form. I authorize the financial institution to accept and to credit any credit entries indicated by AHA to accounts. In the event that AHA deposits funds erroneously into the listed account, I authorize AHA to debit my account not to exceed the original amount of the erroneous credit.

Printed Name:

Title:

Signature: \_\_\_\_\_

Financial Institution:

Transit/Routing Number:

Account Number:

Communication regarding ACH transactions should be communicated to:

Printed A/R Contact Name:

Contact Email:

Contact Phone:

#### **CHECK PAYMENT**

American Heart Association processes check payments once a week on Wednesday. Please allow 5-10 working days for United State Postal Service (USPS)

I hereby authorize American Heart Association to process payments owed the organization I represent by way of bank check.

Printed Name:

Title:

Signature: \_\_\_\_\_

This authorization is to remain in full force and effect until American Heart Association and the Financial Institution have received written notice from me of its termination in such manner as to afford AHA and the Financial Institution reasonable opportunity to act on it.