APHL Use Only			
Liaison verbal verification by		Date	
Accounting database entry by		Date	

Preferred Payment Method

☐	NEW PAYEE	☐	CHANGE TO EXISTING PAYEE

BENEFICIARY NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
COUNTRY	

PROGRAMMATIC CONTACT

NAME:	
EMAIL:	
PHONE:	
SKYPE/WHATSAPP:	

ACCOUNTING CONTACT

NAME:	
EMAIL:	
PHONE:	
SKYPE/WHATSAPP:	
CURRENCY:	

PREFERED PAYMENT METHOD	☐	ACH	☐	INTERNATIONAL WIRE	☐	OTHER - CONTACT APHL ACCOUNTING

BANKING INFORMATION – REQUIRED FOR ACH OR WIRE

BANK NAME:			
CITY, STATE, POSTAL CODE, COUNTRY:			
IBAN/ABA/ROUTING NUMBER:			
ACCOUNT NUMBER:			
SWIFT CODE:		SORT CODE:	
INTERMEDIARY BANK NAME:			
INTERMEDIARY SWIFT CODE: required if sending USD outside of the US		INTERMEDIARY ACCOUNT NUMBER:	

I certify that all of the information provided is correct. I authorize APHL to pay in the format authorized. I understand that if this information changes, I must complete another Preferred Payment Method form.

*NAME/TITLE:*_____

*SIGNATURE/DATE:*_____