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

Select the "New Payee" box

Preferred Payment Method

☑	NEW PAYEE	☐	CHANGE TO EXISTING PAYEE

BENEFICIARY NAME:	List the exact name that appears on the bank account for which reimbursement funds will be deposited into
ADDRESS:	List the current address of the beneficiary you have listed above
CITY, STATE, ZIP CODE:	List the current city, state, and zip code for the beneficiary you have listed above
COUNTRY	List the current country of residence for the beneficiary you have listed above

PROGRAMMATIC CONTACT

NAME:	List the name of the manager/supervisor/department head that oversees the program/department you work in
EMAIL:	List the active email of the manager/supervisor/department head that oversees the program/department you work in
PHONE:	List the active phone number for the manager/supervisor/department head that oversees the program/department you work in
SKYPE/WHATSAPP:	Not necessary for US based organizations

ACCOUNTING CONTACT

NAME:	List your organization's accounting supervisor (i.e. the individual overseeing the bank account for which reimbursement funds will be deposited into)
EMAIL:	List the active email of your organization's accounting supervisor here
PHONE:	List the active phone number for your organization's accounting supervisor here
SKYPE/WHATSAPP:	Not necessary for US based organizations
CURRENCY:	List the currency that the bank account listed on this form accepts

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

The highly preferred method of reimbursements for US based organizations is direct deposit (ACH), so please select this option

Rest assured that banking information is protected and will be verbally verified with the accounting contact before use

BANKING INFORMATION – REQUIRED FOR ACH OR WIRE

BANK NAME:	List the bank name that houses the bank account that reimbursement funds will be deposited into		
CITY, STATE, POSTAL CODE, COUNTRY:	This applies to the bank listed in the line above		
IBAN/ABA/ROUTING NUMBER:	List the routing number for the bank account that reimbursement funds will be deposited into		
ACCOUNT NUMBER:	List the account number for the bank account that reimbursement funds will be deposited into		
SWIFT CODE:	This does not apply to US accounts	SORT CODE:	This does not apply to US accounts
INTERMEDIARY BANK NAME:	This does not apply to US accounts		
INTERMEDIARY SWIFT CODE: required if sending USD outside of the US	This does not apply to US accounts	INTERMEDIARY ACCOUNT NUMBER:	This does not apply to US accounts

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: Name and title of person that can legally sign documents for your organization _____

SIGNATURE/DATE: **This needs to be an Adobe digital signature from the person listed above** _____