



**National Association of
Pediatric Nurse PractitionersSM**

ELECTRONIC TRANSFER FORM

Please Read Carefully

The following information must be provided in order for the NAPNAP National Office to transfer funds to the chapter bank account.

All information on this form is confidential and proves entitlement to payments. The information will be used to process payment data from the NAPNAP national office bank to the financial institution of the chapter. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Electronic Funds Transfer Program.

The information necessary to complete boxes A, B, C in Section II is printed on the chapter financial institution check.

A – Be sure the payee’s name is written exactly as it appears on the check. Be sure current address is shown.

B – The routing number is located on the bottom left hand corner of the check. Be sure the number is written exactly as it appears on the check.

C – The account number is listed in the bottom center of the check. Be sure the number is written exactly as it appears on the check.

CANCELLATION

The agreement represented by this authorization may be cancelled by the financial institution by providing the chapter a written notice 30 days in advance of the cancellation date. The chapter must immediately advise the NAPNAP financial department if the authorization is cancelled by the chapter’s financial institution. The chapter’s financial institution cannot cancel the authorization by advice to NAPNAP.

The agreement represented by this authorization remains in effect until cancelled by the chapter by notice to the NAPNAP financial department. Upon cancellation, the chapter should notify their receiving financial institution that no further funds shall be transferred.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

NAPNAP's electronic transfer will continue to be received by the selected financial institution until NAPNAP is notified by the chapter that the chapter wishes to change the financial institution receiving the electronic transfer. To effect this change, the chapter will inform the new financial institution that electronic transfers will begin. A newly completed CH-11 electronic transfer form must be sent to NAPNAP. To avoid delinquent payments to the chapter, it is recommended that the chapter maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives NAPNAP's electronic transfer payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

ELECTRONIC TRANSFER SIGN UP FORM

Please complete the information in section 1 and section 2 and attach a voided copy of your chapter's check.

Chapters must keep NAPNAP informed of any address changes in order to receive important information regarding the transfers and remain qualified for payments.

A separate form must be completed for each financial institution for which payments are requested.

SECTION 1

A. Print or Type Name of Chapter Treasurer

Treasurer Address (street, route, P.O. Box)

City State Zip Code

Telephone Number including Area Code

B. Name of Person(s) Entitled to Payment
(if different from Chapter Treasurer above)

C. CHAPTER NAME _____

Chapter Treasurer/Chapter President Certification

I certify that I am entitled to the payment identified above, and that I have read and understand the information on the back of this form. In signing this form, I authorize the chapter payment to be sent to the financial institution named below to be deposited to the designated account.

Signature of Chapter President

Date

Signature of Chapter Treasurer

Date

SECTION II BANK INFORMATION

A. Name and Address on Check

B. Bank Routing Number _____

C. Depositors Account Number _____

D. Type of depositor account _____ Checking _____ Savings

E. Copy of voided check or savings account deposit slip attached: Y__ N__

SECTION C *(To be completed by National Office Personnel)*



The financial department or its designated individual certifies that NAPNAP agrees to receive and deposit the membership payments identified above.

Signature of representative

Date

Printed Name of Representative

Date