

Please use capital letters. Please unambiguously distinguish similar characters such as the letters 'O' and the number 0, or the letter 'I' and the number 1.

ACH PAYMENT INFORMATION	
AHAF PI name and Grant Number <i>(e.g., John Smith M2009001)</i>	
ABA Number <i>(nine characters, e.g., 011111111)</i>	
Bank Account Number <i>(no dashes or spaces)</i>	
Bank Account Type <i>(checking or savings)</i>	
Name on Bank Account <i>(e.g., Board of Regents of the University of Wisconsin System)</i>	
Contact: <i>(Name, phone, and email address of person who should be contacted should questions arise related to the information supplied above)</i>	

Please complete and return this form to:

Research Grants Department  
American Health Assistance Foundation  
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