

NASPD ACH PAYMENT FORM

PERSONAL INFORMATION

Name: _____

Company: _____

Phone: _____

E-Mail Address: _____

Telephone: _____

ACH PAYMENT INFORMATION

Amount Owed: _____

Bank Account Number: _____

Bank Routing Number: _____

I authorize the NASPD to process this ACH Payment for the amount owed.

SIGNATURE: _____

(Signature is required regardless of payment type)

We encourage members to pay by check or ACH payment rather than credit card in an effort to reduce the amount of credit card fees the NASPD has to pay. One percent of all checks/ACH payments will go to fund the current Scholarship Fund.

RETURN FORM TO:

Email: info@naspd.com

Fax: 361-574-9347