

**American Association of Occupational Health Nurses, Inc.**

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January 1, 2025

Dear Chapter President and Treasurer:

Each year, AAOHN requests chapters complete and return the ACH banking form. Please complete the below form as confirmation of your chapter’s current banking information. The completeness and accuracy of the chapter’s banking details is important for ensuring timely bi-annual payouts of membership dues.

All information received is stored within AAOHN’s secured banking system and will remain confidential.

Please have the Chapter President or Treasurer complete and return the information below. You may return this form electronically by email to [info@aaohn.org](mailto:info@aaohn.org) or by fax to 312-673-6719.

If you have any questions, please contact the National Office at 312-321-5173 or [info@aaohn.org](mailto:info@aaohn.org)

Thank you,

American Association of Occupational Health Nurses

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**Chapter Banking Information**  
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**Full Chapter Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(no abbreviations)**

**Chapter Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer Name & Email (for payment notifications)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**President Name & Email (for payment notifications)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chapter Name as on the Bank Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Type: **□** Checking **□** Savings  
  
Signature \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_