

INSTRUCTIONS

The National MS Society will reimburse your travel costs to attend this meeting. Please keep copies of all your itemized receipts. Following the meeting you will submit your receipts for reimbursement. To help expedite this process, please complete this Volunteer Registration form and email your completed copy to meetingplanning@nmss.org. Please note: Direct Deposit is the Society's preferred method of payment; however, a paper check can be accommodated. If you prefer a paper check, please leave the ACH Information section blank. Reimbursements may take up to four weeks to be paid. If you do not see your payment in deposited in your account by then, please contact meetingplanning@nmss.org.



VOLUNTEER REGISTRATION FORM

Please send completed forms to meetingplanning@nmss.org

CONTACT INFORMATION

Name _____ Street Address _____

City _____ State _____ Zip _____ Phone _____

ACH BANKING INFORMATION FOR ELECTRONIC DEPOSITS

Bank Name _____ Bank Address _____

City _____ State _____ Zip _____ Phone _____

Name on Bank Account _____

Bank ACH Routing Number (9digits) _____ Bank Account Number _____

FEDERAL TAX IDENTIFICATION NUMBER & W-9 INFORMATION

Name (as shown on your tax return) _____

City _____ State _____ Zip _____ Phone _____

Name on Bank Account _____

Bank ACH Routing Number (9digits) _____ Bank Account Number _____

CERTIFICATION & SIGNATURE

Supplier authorizes the National Multiple Sclerosis Society to issue payments via the Automated Clearing House (ACH) Payment System, as well as reverse electronic payments that are found to be duplicate, in excess of requirements, or made in error. Supplier certifies that the Bank Account Information provided herein is true and current and agrees to release and hold harmless the National Multiple Sclerosis Society for all damages arising from payments made in accordance with the above. Further, under penalty of perjury, Supplier certifies the above Federal Tax Identification Number and W-9 Information is true and correct and in accordance with all applicable IRS regulations and instructions. **By signing below, I represent that I am an authorized representative of the business above and all information provided and statements herein are true and correct.**

Signature required for disbursement of funds

Printed Name _____

Signature _____ Date _____