



VOLUNTEER REGISTRATION FORM

Please email all invoices or inquires to NMSSPPC@NMSS.org. Please note that this is a private email inbox and accessible to the National MS Society Meeting Planning Team only.

Volunteer Information

Contact Name _____ City _____
Email Address _____ State _____ Zip Code _____
Telephone Number _____ Country _____

ACH Banking Information for Electronic Deposits

Bank Name _____ Bank Address _____
Name on Bank Account _____ Bank Account Number _____
Bank ACH Routing Number (9 Digits) _____

CERTIFICATION & SIGNATURE

Volunteer authorizes 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. Volunteer certifies that the Bank Account Information provided herein is true and correct and agrees to release and hold harmless National Multiple Sclerosis Society for all damages arising from payments made in accordance with the above

Printed Name

Signature of Volunteer

Date