



ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by Avenue One Properties' office to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

VENDOR INFORMATION

Name: _____
Address: _____
Contact: _____
Contact Email: _____
Federal ID #: _____

FINANCIAL INSTITUTION INFORMATION

Name: _____
Address: _____
(9) Digit Routing Number: _____
Depositor Account Title: _____
Depositor Account Number: _____
Type of Account: _____ CHECKING _____ SAVINGS

AGENCY INFORMATION

Name: Avenue One Properties
Address: 1101 W Mineral Ave #107 Littleton, CO 80120
Contact: Nico Nagel
Email Address: accounting@ave1properties.com
Phone: 303-804-9800

By signing this agreement, I authorize (HOA) to transmit payment data by electronic funds transfer to the account named above at the financial institution named above. If I/we elect to cancel this authorization, I/we may do so by providing written notice to (HOA) at the office of the management company. I/we agree that ACH transactions I/we authorize will comply with all United States law.

Signed: _____ Date: _____