



## 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  
Email Address: vendors@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: \_\_\_\_\_