



ACH AUTHORIZATION

<i>Accounting use only</i>
Vendor #
Alt Address #
Date Entered
Initials:

Company Name: _____

Contact Name: _____ Phone #: _____

Address: _____

- Invoice payments will be sent directly to the account listed below on or before the due date of the invoices.
- An e-mail will be sent on the due date and will list the invoice numbers and amount to be paid.
- Participation in this program is voluntary and can be changed at any time.

(check one) New ACH setup Modify existing ACH Cancel ACH

Checking Savings

Bank Name: _____

ACH Routing Number (9 digits only): _____

Account Number: _____

Account Type: Corporate Individual

E-mail address for payment notification (only one): _____

- **Attach a voided check OR a letter on bank stationary verifying the account number, account title, and ACH routing number.**
- Return the completed form and a **Current W-9** to ProppayACH@eqr.com.
- Allow two weeks for an add/change to take place.