



# ACH VENDOR AUTHORIZATION

New   
  Change   
  Cancellation Reason: \_\_\_\_\_   
  W-9 Attached

**PAYEE IDENTIFICATION:**

Arizona Quadel will use your Federal Tax ID (TIN) or Social Security Number (SSN) to file required information returns with the Internal Revenue Service. The payee's TIN or SSN provided must match the W-9 on file with AZQ.

TIN \_\_\_\_\_ - \_\_\_\_\_ **OR** SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Payee Name \_\_\_\_\_ Phone \_\_\_\_\_

Vendor # \_\_\_\_\_ Rental Property Address \_\_\_\_\_

*Leave Blank If New Vendor*

**AUTHORIZATION FOR NEW SETUP, CHANGE(S), OR CANCELLATION:**

I authorize Arizona Quadel (AZQ) to process payments owed to me by AZQ via Automated Clearing House (ACH) deposits. AZQ shall deposit the ACH payments in the financial institution and account designated below. **I recognize that if I fail to provide complete and accurate information on this authorization form, processing of the form may be delayed and electronic payments may be erroneously made.**

**I authorize AZQ to withdraw from the designated account all amounts deposited electronically in error.**

If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize AZQ to withhold any payment owed to me by AZQ until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to AZQ. The change or revocation is effective on the day AZQ processes the request.

I certify that I have read and agree to comply with AZQ's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.

I authorize AZQ to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate.

Payee Name (Print)	Payee Signature	Title	Date
_____	_____	_____	_____

Property Manager/Agent Name(Print)	Property Manager/Agent Signature	Title	Date
_____	_____	_____	_____

Payee Email address (Required) \_\_\_\_\_ Property Manager/Agent Email (Required) \_\_\_\_\_

<b>FINANCIAL INSTITUTION - For NEW or CHANGE Request Only</b> Print Clearly or payment may be delayed.	<input type="checkbox"/> <b>Voided Check attached (Required)</b>
<b>Name on Bank Account</b> _____	
<b>Routing Transit #</b> _____	<b>Bank Account #</b> _____
<b>Financial Institution Name:</b> _____	
<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	

Internal Only

Verified By and Date

Entered By and Date

Input Verified by

Approved by