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### ACH Payment Authorization Form

Payments will be paid by ACH in lieu of a check. Please complete the following information and return to Elevated Property Management Accounting Department at: [accounting@elevatedpmc.com](mailto:accounting@elevatedpmc.com)

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#### **Vendor/Payee Information**

Business Name:

Contact Persons Name:

Phone Number:

Address:

Email Address:

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#### **Bank Account Holder Information**

Name on Account:

Bank Address:

Phone Number:

City, State, Zip:

Account Type: ☐ Checking ☐ Savings

Bank Routing #

Account #

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I, the bank account holder and authorized signer, certify that the information provided is correct, and I authorize Elevated Property Management to electronically deposit payments to the bank account designated below. It is my responsibility to notify Elevated Property Management immediately if I believe there is a discrepancy between the amount deposited and the amount due to be paid. I understand that I must notify Elevated Property Management accounting in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Elevated Property Management has received written notification requesting a change or cancellation and has had a reasonable opportunity to act on it.

Authorized Signature:

Date:

Print Name: