



ACH Payment Request Form

Vendor Information

Business Name: _____

Address: _____

Company Contact

Name: _____

Phone: _____

Email: _____

Bank Information

Bank Name: _____

Bank Account Number: _____

Bank ABA (Routing)

Number: _____

Bank Address: _____

Bank Phone Number: _____

Account Type:

Checking

Savings

ACH Enrollment Agreement

By completing the information listed above and by signing below, I hereby authorize Quatr Living and its designees to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received. This authorization is to remain in full effect until Quatr Living is notified in writing by the vendor. Vendor agrees to notify Quatr Living of any changes to the information listed on this form at least 15 days prior to the effective date. Failure to provide Quatr Living and its designees with correct information or failure to notify Quatr Living and its designees of changes to bank and/or account information will result in Vendor bearing sole liability for lost/or misdirected payments. Quatr Living and its designees reserve the right to issue a check for payment when the situation warrants. The information presented above is true and correct for the individual organization named above. I certify that I am authorized to complete the information listed above on behalf of the individual or organization named above and resolve issues related to enrollment.

By signing below, I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Name

Date

Signature of Authorize Representative