



The Community Partnership  
For The Prevention  
of Homelessness

# The Community Partnership for the Prevention of Homelessness ACH enrollment/change form

New enrollment

Change to existing enrollment

No change

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Payee City, State and Zip Code: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Contact Person Email address: \_\_\_\_\_

*(Please note that an email confirmation of payments will be sent to this address. In the event that an email to this address is returned as undeliverable, all future ACH payments will be suspended until a new enrollment form is completed)*

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City, State and Zip Code: \_\_\_\_\_

Bank Contact Person Name: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank ABA Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

*Check One*

Checking

Savings

**For checking accounts, a copy of a voided check must be attached to this form.**

**For savings accounts, this form must be signed by a representative of the bank and their business card attached.**

Bank Signature (for savings accounts): \_\_\_\_\_

By signing below, I affirm that I am an authorized signer on the bank account listed above and I authorize The Community Partnership to make payments via ACH to the account listed above. I have read and agree to the terms and conditions regarding ACH payments from The Community Partnership.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## **TERMS AND CONDITIONS**

### **The Community Partnership ACH TRANSACTIONS**

The following outlines the terms in conditions for vendors electing to receive payments via the ACH electronic payment system.

The Community Partnership for the Prevention of Homelessness (hereinafter referred to as "The Community Partnership") will use the information provided by the payee on the ACH enrollment/change form to set up payments to the payee using the ACH payment system. The ACH payment system is guided by rules established by the NACHA – The Electronic Payment Associations.

The payee agrees to the following:

- To abide by the provisions of this ACH agreement
- To provide accurate enrollment information
- ACH payments cannot begin until a vendor has received at least 2 payments by check via the US mail and those checks have cleared the Community Partnership's account.
- That any properly completed change form submitted will replace any previous enrollment or change form
- Changes in authorization or contact information can only be made by submitting an original, signed ACH enrollment/change form.
- That the Community Partnership for the Prevention of Homelessness may reverse any duplicate or erroneous credit entries
- That the authorization will remain valid until it is terminated or revoked in writing by the vendor, or by the closing of the recipient's account at the receiving institution
- The vendor will provide the Community Partnership with a valid email address. Upon payment an email will be sent to the address identified on the enrollment form. In the event that an email sent to the email address is returned as undeliverable, all ACH payments to the recipient will be suspended.
- The vendor will immediately notify the Community Partnership in the event that an ACH confirmation email is received, but the payment is not.

Vendors are approved for ACH payment at the sole discretion of the Community Partnership. To be considered for ACH payment, the vendor must have ongoing business with the Community Partnership through a contract, a client lease or other similar arrangement. The Community Partnership reserves the right to terminate vendors from the ACH payment system without notice and revert the account to payment by check.

The Community Partnership will not be liable for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on the ACH enrollment/change form.