



Building an Equitable Economy

**IMPORTANT NOTE TO PAYEES:** A voided check **OR** bank letter is **REQUIRED** with submission. This signed ACH Authorization Agreement and bank letter **OR** voided check must be sent to your Prosper Portland employee contact. Forms sent incomplete and/or not to Prosper Portland's Accounting Department may cause delays in processing. Additional contact information is listed at the bottom of this form.

**ACH AUTHORIZATION AGREEMENT**

PLEASE TYPE or PRINT LEGIBLY

NEW                      REVISION                      (Please Check One)

I authorize PROSPER PORTLAND to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If PROSPER PORTLAND erroneously deposits funds into said account, I authorize PROSPER PORTLAND and the financial institution to initiate the transaction(s) necessary to correct the error. This authorization will remain in effect until PROSPER PORTLAND has received written notification from me of its termination and PROSPER PORTLAND has had reasonable opportunity to act upon it.

|                                                                                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Payee Name                                                                                                | Last four (4) digits of either business Social Security Number <b>OR</b> Tax Reporting Number  |
| Payee Address                                                                                             | Financial Institution Name <i>(must be based in the US)</i>                                    |
|                                                                                                           | Financial Institution Routing Number                                                           |
| Payee Contact Name                                                                                        | Account Number                                                                                 |
| Contact Telephone Number                                                                                  | <input type="checkbox"/> Checking    or <input type="checkbox"/> Savings    (Please Check One) |
| Payee E-mail for Accounts Receivable Accountants <i>(ACH Deposit Advice will be sent to this address)</i> |                                                                                                |
| Name of Authorizing Official                                                                              | Title                                                                                          |
| Phone Number                                                                                              |                                                                                                |
| Authorizer's Signature                                                                                    | Date                                                                                           |
| <b>INTERNAL USE ONLY</b>                                                                                  |                                                                                                |
| Vendor ID #                                                                                               | Received Voided Check?                                                                         |
|                                                                                                           | Date Processed                                                                                 |
|                                                                                                           | Recorded by <i>(initials)</i>                                                                  |

Please ensure the account number and routing number on the voided check **OR** bank letter match the information on this completed form.

Once completed, please email this agreement to your Prosper Portland employee contact. If there are any specific *requested* changes, please mail or FAX (503-823-3368) this completed form with your voided check **OR** bank letter drawn on the account listed above to:

**PROSPER PORTLAND**  
 Accounting  
 220 NW 2<sup>nd</sup> Ave., Suite 200  
 Portland, Oregon 97209

If you change banks or bank accounts, please provide at least thirty (30) days written notice with a revised form and voided check **OR** bank letter for the new account.