



Complete this form to request direct deposit of vendor or other payments to the bank account you specify below. ACH accounts will be set up for existing payee ID types. Please **sign** the form and fax or mail to the address at the bottom of the form. As a best practice and to protect your identity and financial information please DO NOT e-mail completed forms. E-mail is not a secure transport for this type of sensitive information and will not be accepted.

Part I: Payee Information

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail for Remittance _____

Even though Direct Deposit will eliminate the need to mail checks, there is still other important information you need to receive. Please remember to let our Accounts Payable Department know, in writing, if you have a change of mailing or e-mail address.

Part II: Bank Information

Bank Name _____
Name of Account Holder if Different from Above _____
Federal Tax ID or Social Security Number _____
Bank Routing Number _____ (9-digits) Bank Account Number _____
Account Type Business Checking ☐ Business Savings ☐ Personal Checking* ☐ Personal Savings

*If you select **personal checking**, you must submit this form **along with a copy of a voided check** for the bank account specified above. In lieu of a voided check, you may send an account and routing verification from the bank. You may submit this information by fax or postal mail.

Part III: Authorization

I authorize Guardian Management, LLC (Guardian) and it's affiliates to deposit funds into the above-named bank account. I agree to contact Guardian immediately about any overpayments made to this account. I agree to reimburse Guardian in full for all overpayments immediately. This authorization remains in force until Guardian receives written notification from me of its termination.

Authorized Signature _____ Date _____

For Office Use Only

Vendor Code _____ Date Entered _____ Entered By _____

Fax this completed form to (503) 802-3648

Scan and email this completed form to: AccountingAP@gres.com

Mailing completed form to:

Attn: Accounts Payable
Guardian Management, LLC
PO Box 5668
Portland, OR 97228

For assistance, contact Accounts Payable at (503)
802-3600 or by e-mailing: AccountingAP@gres.com