



VENDOR ID:

ACH Vendor Payment Enrollment Form

I hereby authorize Unibail-Rodamco-Westfield to post payments into the financial account referenced below. I understand that I am responsible for the validity of the information on this form.

Please Print in BLOCK Capitals

Section A. VENDOR (REMIT) INFORMATION

COMPANY NAME: SSN or TAXPAYER ID:

ADDRESS:

CITY, STATE, ZIP CODE: PHONE NUMBER:

CONTACT NAME: DATE:

E-MAIL (for ACH remittance):

CENTER OR CORP DEPT CONTACT NAME:

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

Section B. FINANCIAL INSTITUTION INFORMATION

BANK NAME:

BANK ADDRESS:

CITY, STATE, ZIP CODE:

BANK ACCOUNT NUMBER:

BANK ROUTING NUMBER (NINE-DIGITS)

TYPE OF ACCOUNT: CHECKING SAVINGS

*****PLEASE ATTACH VOIDED CHECK*****