



UNIBAIL-RODAMCO-WESTFIELD

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: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

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