



**VENDOR ACH REGISTRATION FORM**

Vendor Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Vendor Address: \_\_\_\_\_ Email address: \_\_\_\_\_

I (we) hereby authorize Slatter Management, Agent for the Community Associations we provide services to, to make payments by ACH into the account listed below:

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

Routing No: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Type: Business

Personal

**If at any time you  
need to change your  
banking information  
please contact our  
office at 336-272-0641  
info@slatterinc.com.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach a voided check/image of check to ensure information provided is correct.

Forms to be returned to:

Slatter Management Services, Inc.  
4125-G Walker Avenue  
Greensboro, NC 27407

Or

Fax: 336-378-5975  
Email: [audrey@slatterinc.com](mailto:audrey@slatterinc.com)