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Foothills Gateway, Inc.

**DIRECT DEPOSIT INSTRUCTIONS**

ACH/Direct Deposit Payment processing by Foothills Gateway is available for PASA's. (See attached ACH Vendor Authorization form.)

\*ACH PASA payments will be made monthly.

\*ACH payments will be processed and paid to the designated PASA account on the 25<sup>th</sup> of each month (or when the 25<sup>th</sup> occurs on a weekend or holiday, the first business day following the 25<sup>th</sup>).

\*The PASA can request ACH payment at any time, either beginning with the first payment due or at any time thereafter. Two weeks notice prior to the 25<sup>th</sup> of the month is needed to set up the transfer and verify that the account information which has been provided is correct.

\*To sign up for ACH for your monthly payment, complete the attached ACH Vendor Authorization form and either a voided check or bank letter. To protect our vendors/providers from fraudulent activity, FGI will need to have a physical copy of the require documentation. **A set up and/or change to ACH will not be accepted via email, set up/change requests must be received by FGI via mail or as a physical copy.** Please mail said documentation to Foothills Gateway by the 11<sup>th</sup> of any given month prior to the month of payment. If it is received after that date, your ACH payment will begin being processed the following month.

Mail completed form **with voided check or bank letter attached** to the following address:

Foothills Gateway

Attn: Sara Koopman – Accounting Manager

301 Skyway Dr.

Fort Collins, CO 80525



**ACH / DIRECT DEPOSIT VENDOR AUTHORIZATION**

Please fill out and return to the Accounting Department.

Please enter an account type and amount for only one account on each Authorization Form

\_\_\_\_\_Checking Account

\_\_\_\_\_Savings Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name (Please Print)

Person to contact with questions regarding information listed on this form:

\_\_\_\_\_  
Name Phone #

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

Transit Routing Number:

Account Number:

I hereby authorize Foothills Gateway, Inc. to deposit my Accounts Payable check on the 25<sup>th</sup> (or when the 25<sup>th</sup> is on a weekend or holiday, the first business day following the 25<sup>th</sup> of the month) of each month directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it. I understand that I must give advance notice to allow reasonable time for my instructions to be executed (at least 5 business days prior to date payment is due). If an incorrect deposit should be made into my account(s), I authorize my bank(s) and Foothills Gateway, Inc. to make the appropriate adjustments(s).

\_\_\_\_\_  
Authorized Signature

Please attach a voided check or Bank Letter.

03/07; 5/17; 1/22; 7/22

