

Dear Vendor,

In order to make processing your invoices faster and easier, we have made some changes to our accounts payable (AP) processing procedure. Please note that all invoices should be mailed, faxed or e-mailed to the addresses below. Please be sure to address each invoice to the community where the work was done for the fastest processing. Note: Each community requires separate invoicing. Multiple properties will not be processed on a single invoice. Please send invoices to:

Mail to:

Community Name  
c/o Corner Property Management  
PO Box 297  
Springfield, NJ 07081  
Email: [Invoices@cp-management.com](mailto:Invoices@cp-management.com)

Fax: 973-232-5117

To expedite the payments to our vendors, we have set up ACH deposit directly into your account. When a payment is made, you will receive an automated email notification advising you of the payment amount, invoice number and what community is referenced. Please fill out the attached form and send back to our accounting department at one of the addresses or fax below.

If you have any questions, please do not hesitate to call our office at 973-376-3925.

Email: [Invoices@cp-management.com](mailto:Invoices@cp-management.com)

Fax: 973-232-5117

Thank you,  
  
Management



## Vendor ACH Credit (Payment) Authorization Agreement

New Authorization       Change Authorization       Cancel Authorization

I (we) herby authorize \_\_\_\_\_ ("Community") to initiate payment directly into my (our) account at the Financial Institution listed below. If the company erroneously deposits funds into said account, I (we) authorize the Community and the Financial Institution to initiate the necessary transaction(s) to correct the error. This Authorization will remain in effect until the Company receives written notification of its termination and the Company has reasonable opportunity to act on it.

Name of Vendor/Payee	Address	
City	State	Zip
Vendor/Payee Contact Name	Contact Phone	<u>Contact Email</u>
Print Name(s) and Title(s) of Payee Authorized Official(s)	Payee Authorized Signature(s)	
ACH Effective (Cancellation) Date	Signature Date	

Financial Institution Name	Address	
City	State	Zip

Financial Institution Routing (and Transit) Number

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Account Number      Checking       Savings

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**Please attach a voided check, drawn on the Account listed above, with email addresses and submit with this form to: [Invoices@cp-management.com](mailto:Invoices@cp-management.com); Fax: 973-232-5117**

