

Strongroom | Payment and Transfer Request Form

Date of Request: 7/13/2023

Branch Name: Associa Chicagoland

Recurring Invoice: No

How many times: NONE Day of Month to Pay:

Payment FROM Association: RiverPlace Condo Assoc

Payment Payable TO: Linda D Nolten TTEE

Care Of (as applicable):

Vendor Address: 509 Aurora Avenue #503

City, State & Zip: Naperville, IL 60540

Payment FROM Bank Account: Primary Operating Account

Department:

Reason for Payment Request: Reimburse homeowner for overpayment 00272-3767

Payment Due Date:

Invoice Amount: \$130.00

Amount & GL Code: 2050

Amount & GL Code: Amount & GL Code: Amount & GL Code:

NOTE

- ACH Payment Information must be sent using the Vendor Master Maintenance Form located on the intranet under Client Accounting > Client Shared Services Center.
- If this is an emergency payment request, please fill out and submit the Emergency Payment Request Form. Then send filled out form to ClientAP-emergency@associa.us

Requestor Name: Samrawit Derbabaw

Requestor Phone:

Requestor Email:





