



ACH/EFT Payment Agreement

This agreement facilitates the set up of ACH/EFT payments to streamline the payment process and eliminate paper check payments. Please complete all required fields to ensure timely and accurate payments. If applicable, please include a copy of your company's formal wiring/ACH instructions with this form.

To be Completed by Vendor/Payee

Name (or Business): Legacy Performers (DBA Mixed Nuts)

Tax ID or EIN (if W9 is not included): 93-2639358

Email Address for Payment Correspondence: keith.day@legacyperformers.org

Please either complete the banking information below or attach a bank letter containing the required details.

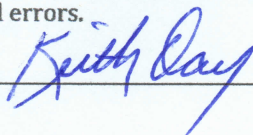
Banking Institution: America First Credit Union

Name on Account: Legacy Performers

Account Number: 746045400520

Routing Number: 324377516

By signing below, I agree to receive EFT payments for my invoices instead of standard check payments. I confirm that the email address provided must be valid for receiving payments via Yardi. I also confirm that the information provided is accurate to the best of my knowledge. I understand that payment delays may occur if any of the information is incorrect, and I will promptly notify the community of any updates to avoid errors.

Name: Keith Day Date: 3/28/2025 Signature: 

To be Completed by the Community

Community: _____

Vendor ID (if applicable): _____

Community staff should verify the information provided by the vendor and confirm its accuracy. Once verified, sign and date below.

Name: _____ Date: _____ Signature: _____

To be Completed by the Resource Center

Please ensure all necessary updates are made in the system. Use the checklist to track updates.

Checklist

☐ EFT Set Up/Update ☐ EFT Default ☐ Email Address Update ☐ Update Tax ID

Name: _____ Date: _____ Signature: _____