

Alpha Association Management

New Vendor Setup Form

Company Name: _____

DBA: _____

Company Address: _____

City/St/Zip: _____

Accounts Receivable

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Initials

_____ I have attached a copy of my current **Certificate of Insurance**

_____ I have attached a copy of my **W-9**

_____ I understand that all invoices must be submitted to Invoices@AlphaHOA.com as PDF attachments. Software-generated email invoices are not accepted.

Form of Payment

_____ I would prefer to be paid via Check _____ I have attached my **ACH form**

**Paper checks will take longer to process and are at the mercy of the USPS for delivery

By signing below, I acknowledge and understand that payments can not be processed without this form filled out in its entirety. Failure to do so will result in payment processing being placed on hold. I also understand that payments can take up to 30 days to process, and I have the option to sign up for ACH payments, which will speed up the process. If I have opted not to do ACH at this time, I am aware that UPSP can cause delays in payment being received and am aware that I can update this at any time in the future by submitting the ACH request form.

Signature

Date

Submit this form along WITH your W-9, COI and ACH form to:

Invoices@alphahoa.com

Office Use Only: Create Vendor _____ Enter Ins _____ Enter Pay Method _____

Upload: ACH _____ COI _____ Vendor Form _____ W-9 _____

Revised 7/07/25



ACH Authorization Form

****PLEASE PRINT CLEARLY****

Vendor Payee Information

Name: _____ Contact: _____
Phone: _____ Email: _____
Address: _____

Bank Information

Bank Name: _____
Bank Routing Number: _____ (Bottom Left of check (9 digits))
Bank Account Number: _____
Type of Account (Circle One): Checking Savings

******ATTACH A COPY OF A CHECK WITH THIS FORM******

I certify that the information on this form is correct and hereby authorize Alpha Association Management Accounts Payable to deposit payments to the bank account designated above electronically. It is my responsibility to notify the accounts payable department immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Alpha Association Management in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Alpha Association Management has received written notification requesting a change or cancellation and has had a reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____
Date: _____

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Invoice Submission Tips

Following the tips listed below will help prevent any delays in processing your invoices. Failure to follow these will result in the denial of your invoice(s) and the need for corrections and resubmission.

1. Contact Information - Ensure your invoice has your company name and phone number.
2. Invoice number - Invoices must have invoice numbers that must not be duplicated.
3. Invoice attachment - Invoices must be submitted as an attachment in PDF form. We **can** **not** accept Word or Excel files.
 - QuickBooks Online users: Here is a quick video to fix your preferences
- <https://youtu.be/nSRNwqyKis8>
4. Property information - Invoices must have the homeowner's and/or the association's name. Do not use cross streets.

Example

XYZ Association
c/o Alpha Association Management
870 Corporate Drive
Suite 402
Lexington, KY 40503

The above list is just some of the most common, but not all-encompassing. If you feel this was declined in error, please call us at 859-214-0034 and ask for A/P.