# ePay Setup Questionnaire

# Instructions

This is a fillable form: Please enter your responses to the right of each prompt.

Simplify your payment collection process by making and receiving payments online. You’ll save time *and*money! To learn more about our merchant, the process and how fees are handled please click [Learn more .](https://support.buildium.com/hc/en-us/articles/200689378-ePay-Basics)

Application Process: **STEP 1: Complete this form to begin the process to setup for your online ePay application (approx. 10 mins)**. **You will need:** 1) A business checking account. Personal accounts aren’t accepted. 2) Company ownership and/or trustee information, including their SSN, email, phone number, and address. P.O. boxes aren’t accepted, and 3) This account’s average and largest monthly transactions and its annual volume of incoming and outgoing payments.

**STEP 2: Verification.** Once the information from this form is entered into the merchant application, we will contact you with several questions for account verification.

**STEP 3: Await application review (7-10 business days).** Once all required documents are received, the Compliance experts from our merchant vendor will begin their review process. If any extra information is needed, they’ll email the application contact directly.

# Company Information

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Company Address, Including City, State and Zip Code: |  |
|  |
| Company Type (Corp., LLC, etc.): |  | Federal Tax ID: |  |
| Number of Units Associated with Account Being Setup: |  | Phone Number: |  |
| Bank Name and Routing Number: |  | Bank Account Number: |  |
| Bank Account Country: |  | Type of Account (checking, savings, etc.): |  |

# Company Manager Information

|  |  |  |  |
| --- | --- | --- | --- |
| First and Last Name:  Phone Number: |  | Home Address, Including City, State and Zip Code: |  |
|  |
| Date of Birth: |  | Last Four of SSN: |  |
| Role at Company: |  | Percentage of Ownership: |  |

**Application Contact Person**

|  |  |  |  |
| --- | --- | --- | --- |
| First and Last Name: |  | Daytime Phone: |  |
| Email: |  |  |  |

**Account Transaction Information** *Describe how payments flow through this bank account. Please list the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| Average monthly resident payment: |  | Largest resident payment received by this account: |  |
| Annual volume of resident payments received: |  | Average monthly outgoing payment (vendors, management fees, etc.): |  |
| Largest outgoing payment: |  | Annual volume of outgoing payments: |  |

**By completing and submitting this form you agree to allow IM2D Systems to submit the ePay application with the above information, to the above merchant on your behalf. If you have any questions or need assistance completing this form, please contact us.**

|  |  |  |  |
| --- | --- | --- | --- |
| Print/Sign Name of Person Completing Form:: |  | Date: MM/DD/YY: |  |