



## Property Charge Provider Onboarding Form

As required by Indiana Code 4-13-2-14.8, all payments shall be made in arrears in conformance with State fiscal policies and procedures, and by electronic funds transfer to the financial institution designated by the Vendor.

Provider name	
Federal Tax ID #	
Taxpayer ID #	
Provider Type	County _____ Insurance Company _____ HOA _____
Address	
Mailing address (if different)	
Primary Contact Name	
Primary Contact Phone #	
Primary Contact Email	

Did you submit your W9 form?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
*(This is a requirement for onboarding)*

How would you like to receive payment?      ACH \_\_\_\_\_ Check \_\_\_\_\_  
*(ACH Preferred)*

If ACH, please complete below:

Account Type	ACH Account #	Confirm ACH Account #	ACH Routing #	Confirm ACH Routing #
Checking      Savings				

I hereby authorize the Indiana Housing and Community Development Authority ("IHCDA") to remit payments and initiate entries to: \_\_\_\_\_'s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

If Check, please complete below:

Street Address: _____	Apt/Suite/Other _____
City: _____	State: _____ Zip Code: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below you will need to provide all IP addresses from which you are trying to access the Provider Portal. Please include the required information for any individual that will need a user ID.

Name \_\_\_\_\_ Email Address \_\_\_\_\_

IP Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

IP Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

IP Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

IP Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

IP Address(es) \_\_\_\_\_

**\*\*Be Aware\*\*** - An IP address will most likely change periodically. If a user finds they are unable to log into the portal, please continuously complete this form with the user's information and updated IP address. We will work to whitelist the user's new IP address as quickly as possible. The form can be emailed to [HAF@b-l-n.com](mailto:HAF@b-l-n.com).