

Information & Instructions for Vendor ACH Form (PLEASE READ ALL INSTRUCTIONS CAREFULLY)

Purpose

At the CITY OF RICHMOND, we realize prompt payment is essential to our vendors. To ensure prompt availability of funds, we are offering a program known as **ACH (Automatic Clearing House)** where you will receive payment through direct deposit to your bank account. Payment by ACH will provide several benefits to you. Utilizing this electronic payment program will eliminate the possibility of lost checks and check fraud. It will also eliminate mail time allowing you to receive your payment earlier. Funds will be available to you immediately upon receipt in your bank account.

How Does Payment by ACH (Automatic Clearing House) Work?

Vendors in our system are paid either by check or ACH. **When a vendor selects ACH as their payment method, they will be selecting electronic payments for all payments from the CITY OF RICHMOND. This will include payments from multiple departments.** Once a vendor is set up for ACH payments, all future payments will be processed by this method until the CITY OF RICHMOND, Accounts Payable Division, receives written notification revoking authorization of electronic funds transfer.

ACH (Automatic Clearing House) payments are processed along with check payments during batch payment runs once a week, currently on Wednesdays. The batch payment file is transmitted to our processing center and the ACH file is then sent to the bank with an effective date of the following Friday. **Funds are normally available to you on the effective date.**

You will be emailed notification of the deposit by payment advice indicating invoices that were paid by the deposit. This notification will have all the information normally contained on a check stub so you can facilitate accounts receivable updating.

INSTRUCTIONS FOR ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

To prevent delay in setting up Electronic Funds Transfers, please follow the instructions below.

All fields ARE required in order to be set up.

I. Payee/Company Information

Vendor Name: Please use the legal name of organization, company or individual. This must agree with the name on your W-9 form filed with the City of Richmond.

Tax Identification Number (TIN): You should list your businesses Federal TIN. If you list this you should **not** list a social security number.

Social Security Number (SSN): If you **do not** have a Federal TIN please list the SSN you want this payment information linked to.

Vendor Address: Please put your current mailing address that payment information is sent to. This information should also agree with your W9.

Contact: Please list name of person we should contact about payment information.

Phone: Please list phone number of contact person

II. Bank Information

Bank Name: Name of the Financial Institution your payments will be sent to

Bank Phone: Phone number of your Financial Institution

Account Type: Please indicate whether funds will be deposited into a **Personal or Business checking account.**

Because the numbers on the bottom of your Check are not always the numbers banks want you to use for ACH payments it is best to verify your Account Number and Depository Routing Number with your Financial Institution.

ABA Bank Routing Number: Please **clearly write** your depository Routing Number. Typing is best for purposes of legibility.

Account Number: Please **clearly write** your account number. Typing is best for purposes of legibility.

III. Notification of Payment

The CITY OF RICHMOND will only send notification electronically via email that payments have been sent to your bank. This notification will have all the information normally contained on a check stub so you can facilitate accounts receivable updating. **(A valid email is required)**

IV. Vendor Authorization

Vendor Name: Please print and sign legibly the name of the person authorized to sign this form.

Business Title: Please indicate title of person who signed this form.

V. Documentation of Bank Account

One of the following must be attached to the Automatic Deposit Authorization form in order to ensure accuracy:

1. For direct deposit to a **checking** account, please attach a **voided check or voided deposit ticket.**
- OR -
2. A letter from your bank on their letterhead, which must include: the name on the account, ABA routing number and account number. As well as the bank representative's contact information and signature.

Please note that any voided checks or deposits slips that are NOT pre-printed will not be accepted and will be returned. Any checks with hand-written information will not be accepted, especially if the account number and account names are hand-written. The name on the bank account MUST match the vendor name, whether it is a business or a sole proprietor. Also, a photocopy or faxed/e-mail voided check or deposit slip will not be accepted. These are all true even for account information changes.

THE COMPLETED AUTOMATIC DEPOSIT AUTHORIZATION FORM WITH A VOIDED CHECK OR VOIDED DEPOSIT TICKET SHOULD BE MAILED TO:

**CITY OF RICHMOND
Attn: Accounts Payable Division
PO Box 4046
450 Civic Center Plaza
Richmond, CA 94804**

Current ACH regulation requires us to have a signed form from the vendor; therefore, e-mail and verbal communications will not be accepted.



CITY OF RICHMOND

CITY OF RICHMOND
Attn: Accounts Payable Division
PO Box 4046
450 Civic Center Plaza
Richmond, CA 94804

AUTOMATIC DEPOSIT AUTHORIZATION FOR ACCOUNTS PAYABLE

Complete this section for **new enrollments** or for **financial institution or account changes**.

Please check one: Enrollment ☐ OR Change ☐
Please complete:

Individual Name or Company Name (as it appears on your W9)

SSN# or Tax ID#

Address Line 1

Address Line 2

City

State

Zip Code

Contact Name

E-mail for Remittance Advice (**required**)

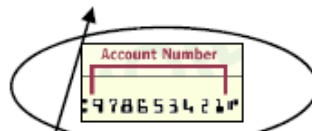
Phone Number

Bank Name and Address

Bank Phone Number

ABA Bank Routing Number
(9 digits)

Bank Account Number

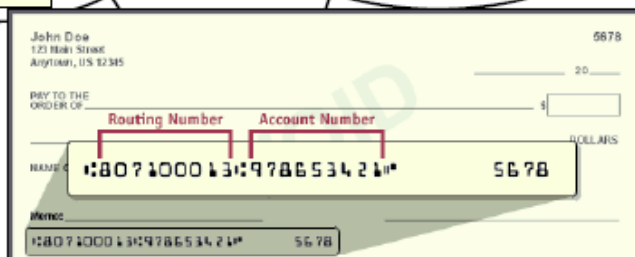


Account Type (check one):

Personal
Checking
Account

☐

Business
Checking
Account

☐

**** PLEASE NOTE: IT IS VERY IMPORTANT TO USE BANKING INFORMATION FROM AN ACTUAL CHECK or DEPOSIT TICKET****

I, the undersigned, authorize the CITY OF RICHMOND, California to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until The CITY OF RICHMOND receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. I understand that the remittance advice will be submitted to me electronically via email.

Authorized Signature

Printed Name

Title

Date

Mail the completed form to the address above

For City of Richmond Internal Use Only

Vendor Number

Date Received

Initials

Date Bank Information Entered:

Date Completed

Initials