City of Albuquerque Vendor ACH Payment Form

I here by authorize the *CITY OF ALBUQUERQUE* to initiate accounts payable payments through automatic bank deposits and, if necessary, adjustments to my account for payments made in error.

NEW:	UPDATED:	* - Required Information
CHECKING ACCOUNT INFORMATION		
ACCOUNT NUMBER:		*
COMPANY/ORGANIZATION NAME:		*
COMPANY/ORGANIZATION PHONE:		*
ACCOUNT NAME		*
ABA ROUTING NUMBER:		*
NAME OF BANK OR CREDIT UNION:		*
BANK ADDRESS LINE 1:		*
CITY AND STATE:		*
ZIP CODE:		*
COMPANY CONTACT:		*
CONTACT PHONE:		*
AUTHORIZED SIGNATURE:		*
TITLE:		*
DATE (MM/DD/YYYY):		*
SOCIAL SECURITY OR FEIN NO:		*
EMAIL:		

PLEASE RETURN AN ORIGINAL, COMPLETED FORM, ALONG WITH **VOIDED CHECK, DIRECTLY TO THE ADDRESS BELOW TO INITIATE ACH PROCESSING SETUP. YOU WILL BE ESTABLISHED AS AN ACH VENDOR AND PAYMENTS WILL BE MADE VIA ACH UPON COMPLETION OF THE BANK VERIFICATION PROCESS. (POSTING TO BANK ACCOUNT IS WITHIN 48 HOURS FROM DATE OF TRANSFER) *** VOIDED CHECK IS USED FOR VERIFICATION OF ACCT/RT NUMBERS ONLY IF YOU CANNOT PROVIDE ONE THIS WILL NOT HOLD UP THE PROCESS

Questions regarding this form or your ACH transactions should be directed to the accounts payable department at the address/number below.

Phone: (505) 768-3471

E-Mail: gmaurino@cabq.gov

Fax: (505) 768-3476

DFAS Accounts Payable Office City of Albuquerque PO Box 1985 Albuquerque, NM 87103