

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.

* - Required Information

CHECKING ACCOUNT INFORMATION

ACCOUNT NUMBER:	<input type="text"/>	*
COMPANY/ORGANIZATION NAME:	<input type="text"/>	*
COMPANY/ORGANIZATION PHONE:	<input type="text"/>	*
ACCOUNT NAME (e.g. – Southwest Tire):	<input type="text"/>	*
ABA ROUTING NUMBER:	<input type="text"/>	*
NAME OF BANK OR CREDIT UNION:	<input type="text"/>	*
BANK ADDRESS LINE 1:	<input type="text"/>	*
BANK ADDRESS LINE 2:	<input type="text"/>	*
CITY AND STATE:	<input type="text"/>	*
ZIP CODE:	<input type="text"/>	*
COMPANY CONTACT:	<input type="text"/>	*
CONTACT PHONE:	<input type="text"/>	*
AUTHORIZED SIGNATURE:	<input type="text"/>	*
TITLE:	<input type="text"/>	*
DATE (MM/DD/YYYY):	<input type="text"/>	*
EMAIL:	<input type="text"/>	*

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).

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

DFAS Accounts Payable Office
City of Albuquerque
P.O. Box 1985
Albuquerque, NM 87103

Phone: (505) 768-3471
Fax: 505) 768-3476
E-Mail: gmaurino@cabq.gov