

City of Albuquerque Supplier ACH Payment Form

I hereby 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 (IF DIFFERENT):

*

ABA ROUTING NUMBER:

*

NAME OF BANK/CREDIT UNION:

*

COMPANY CONTACT NAME:

*

COMPANY PHONE NUMBER:

*

AUTHORIZING SIGNATURE:

*

TITLE:

*

DATE:

*

SOCIAL SECURITY NUMBER:

*

EMAIL:

*

SUPPLIER NUMBER (City Use Only)

PLEASE RETURN AN ORIGINAL, COMPLETED FORM, ALONG WITH A **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 COMPLETION OF THE BANK VERIFICATION PROCESS. (POSTING TO BANK WITHIN 48 HOURS FROM DATE OF TRANSFER) *VOIDED CHECK IS USED FOR VERIFICATION OF ACCOUNT AND ROUTING NUMBERS ONLY IF YOU CANNOT PROVIDE ONE THIS WILL NOT HOLD UP THE PROCESS.**

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

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

Phone: (505) 768-3229
Fax: (505) 768-3476
email: fgonzales@cabq.gov