Office of the City Manager/Finance
3900 Main St.6th Floor
Riverside,CA92522
951-826-5454 Phone
951-826-5683 Fax

Re: Check Payments Moving To Electronic Payments Via ACH

Dear Valued Supplier:

The City of Riverside is in the process of transitioning all payments made by paper check to electronic payments. In order to ensure that your payments continue to be processed in a timely manner, please complete the attached agreement and follow submission instructions.

The City of Riverside strongly encourages the use of electronic payments via ACH. ACH payments provide both the sender and receiver with the advantages of improved controls, reduced chances for check fraud, better cash management and greatly reduced bank charges.

Remittance information will be emailed or faxed to you at the email address/fax number you provide on the ACH form. The details of each payment will be sent on an attached text document at the time payment is made. This remittance file is in text format and can easily be imported into your receivables system. To ensure delivery of remittance emails from The City of Riverside, please add cjohnson@riversideca.gov to your email's “safe” list.

When your payment is made via ACH, funds will be available in your provided bank account on the date listed in your email remittance.

Best Regards

Cynthia Johnson
Accounts Payable Supervisor
City ofRiverside
Phone number: (951) 826-5548
Email address: cjohnson@riversideca.gov

City of Riverside Accounts Payable 3900 Main St. 6th Floor Riverside, CA 92522
Cyndi Johnson (951) 826-5548 Cathy Gomez (951) 826-5885
FAX (951) 826-5683

ACH AUTHORIZATION FORM

Vendor Information

Vendor Name			Vendor No.
Address	City	ST	Zip
Accounting/ACH Contact Name	Phone	Fax	
Email Address for Remittance Advice **(**required**)**			

Above named Vendor hereby authorizes the City of Riverside to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/ reimbursement of goods and/or services.

Banking Information

☐ Checking ☐ New Setup
☐ Savings ☐ Change

Name on Bank Account	
Bank Routing Number*	Bank Account #

*Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.
Submit a copy of a voided check with this form.

If you change banks or accounts please provide at least thirty (30) days written notice.

Vendor Authorization:

Authorized Name/Title _____ Authorized Signature _____ Date _____

COR Accounts Payable Use:	Date Received:	Date Entered:	Entered by:

Print Form