

April 29, 2016

VENDOR NAME XXXX
ADDRESS
CITY, STATE ZIP

Re: W-9 Request and ACH payment information

Dear Valued Vendors:

The City of AnyCity is updating our records and needs your assistance ensuring we have your most current information on file. Enclosed is IRS Form W-9 that we need you to complete. Please complete this form, even if you think we already have your correct information, and return it to us by **July 15, 2011**. This request applies to all customers.

The City of AnyCity would also like to invite you to participate in our new electronic payment program, ACH Payment. In lieu of receiving a check for goods and/or services provided to the City of AnyCity, your company's payment will be sent via electronic transfer and automatically credited to your account at your financial institution. The ACH Payment program has proven to be an efficient and cost effective mechanism for making payments, for increasing payment security and for eliminating the 2 to 3-day mail time. In addition, funds are credited and available to the recipient **on the due date without the need for making manual deposit**. You would still invoice us as usual; however, once the invoice is approved and processed for payment, **an electronic remittance advice would be emailed to your company and your bank account would be credited. The remittance advice would include statement-type information such as invoice numbers, invoice date and amount of the invoices paid.**

Benefits to your company include:

- ACH offers cost savings to the vendors and to the City of AnyCity.
- Eliminating check processing costs and collection costs associated with lost or misplaced checks
- **Receiving electronic remittance data with payment for more efficient back-end reconciliation. There are no restrictions on the minimum dollar amount of the payments transmitted through the ACH network, or the number of invoices each vendor can receive payment for on each ACH transmittal.**
- Going green — paperless, electronic payments are more secure, save money and also help conserve the environment by eliminating printing and mailing paper checks

The information requested on the ACH Vendor Enrollment Form is necessary to establish accurate electronic records for ACH payments, and will enable us to make timely, accurate transfers to your financial institution. Adhering to the following instructions will ensure successful implementation of your company's payments via ACH:

- To receive payment electronically from The City of AnyCity, please complete the PAYEE/COMPANY Information section of the ACH enrollment form. The form is included with this letter or can be accessed and downloaded from the Finance Department section of the City of AnyCity's website at www.AnyCity.org. You may also contact the City of AnyCity Finance Department at ###-###-#### ext #### and request a copy of the ACH enrollment form be sent to your address.

- In order to update our files, we will need a new W-9 completed and remitted with the ACH enrollment documentation.
- After completing the PAYEE/COMPANY Information section, please take the enrollment form to the ACH/EFT Coordinator at your financial institution for completion of the FINANCIAL INSTITUTION Information section. The completed enrollment form will ensure that your financial institution is prepared to accept ACH/EFT payments from The City of AnyCity.
- After completing the PAYEE/COMPANY Information section and the FINANCIAL INSTITUTION Information section of the form, the signed form should be either mailed, faxed or emailed to the City of AnyCity Finance Department at the following address:

CITY OF ANYCITY
 Attn: Finance Office
 PO Box ###
 AnyCity, WI #####
 Email: finance@AnyCity.org
 Fax: ###-###-####

IMPORTANT!!

1. Be sure the ACH enrollment form is signed by the proper Payee/Company official and Financial Institution official. Please include their title along with their signature.
2. The business Taxpayer Identification Number (TIN) is required. If the form is being completed for a company, the IRS assigned Employee Identification Number (EIN) should be entered as the TIN. If the form is being completed for a sole proprietor, the Social Security Number (SSN) should be entered as the TIN.
3. Please include a telephone contact number and email address.
4. If you want to have payments for different locations go to different bank accounts, you will need to file a separate enrollment form for each account.

Please contact NAME at name@AnyCity.org if you have any questions about this process. We appreciate your business and look forward to providing your company this more efficient payment option. The City of AnyCity is enthusiastic about this means of making payments and looks forward to working with your company to make this a successful program.

Sincerely,

Finance Director

City of AnyCity ACH / EFT AUTHORIZATION

Payee/Company Information: (Please print)

Vendor Account Name _____

Address: _____

City, State, Zip Code: _____

Business Telephone Number: _____

Tax Payer Identification number (TIN) _____

Contact name for ACH: _____ **Phone number:** _____

Email address where you want ACH advices sent: _____

In lieu of completing the Financial Institution information below, if you would like the City of AnyCity to use the ACH information provided by your entity on an invoice or on a letter, send an email to finance@anycity.org with an attached W-9, copy of an invoice / letter and the email address where to send the ACH advices.

To be completed by Financial Institution:

Financial Institution (Bank Name) _____

Bank Account Number _____

Routing Number _____

Bank Officer's Signature & Title _____

I hereby authorize the City of AnyCity to initiate credit transactions to my account. I also authorize the City of AnyCity and the depository named above to initiate, (if necessary), debit entries or adjustments of any credit entries in error to my account indicated above.

This authority is to remain in full force and effect until the City of AnyCity has received written notification from me of its termination in such a manner as to afford the City of AnyCity reasonable opportunity to act on it.

If you close or change your banking account number please notify the City of AnyCity in writing immediately at finance@AnyCity.org. Failure to do so may result in deposit failure.

Authorized Signature: _____

(Authorized officer or company owner)

Name _____ **Title** _____

(Please print name and title)

Phone Number _____ **Date** _____

FOR ACCOUNTS PAYABLE USE ONLY:

Date Request Received _____ Reviewed by: _____

Date Request Processed _____ By: _____