



CITY OF RIO COMMUNITIES

360 Rio Communities Blvd.
Rio Communities, NM 87002
505-861-6803
www.riocommunities.net

Dear Rio Communities Service Provider/Vendor:

The City of Rio Communities ("Rio Communities") is pleased to inform you that, **effective September 1, 2020** all payments from Rio Communities to service providers /vendors will be made via electronic funds transfer ("EFT"). This new procedure will help ensure payments are made in a cost effective and timely manner, reflecting Rio Communities goal of reducing the cost of processing service provider/vendor payments.

In order to make this transition run as smoothly as possible, the City of Rio Communities requires all providers/vendors to complete the following three (3) forms attached herein:

- 1. Electronic Funds Transfer (EFT) Instructions & Service Provider/Vendor Consent Form;**
- 2. Electronic Funds Transfer Authorization Form; and**
- 3. Vendor Registration Form.**

Upon completion, please return all three (3) forms to the following address:

City of Rio Communities
Attn: Finance Dept.
360 Rio Communities Blvd.
Rio Communities, NM. 87002

As an alternative, you may also email the completed forms to: Finance@riocommunities.net

To the greatest extent provided by New Mexico law, the information contained in these forms will be kept confidential and secure. The timely submission of these forms is necessary to avoid any delay in payments.

Should you have any questions, please call the finance department at 505-861-6803. Thank you in advance for your support as we make this transition.

Sincerely,


Angela R. Valadez
Chief Procurement Officer



Electronic Funds Transfer (EFT) Instructions & Service Provider/Vendor Consent

Payment by Electronic Funds Transfer: Rio Communities will issue payment for goods provided and/or services rendered by electronic funds transfer. Service Provider/Vendor will provide the City of Rio Communities with a completed EFT authorization form to establish this practice between the parties. Service Provider/Vendor agrees to the following terms:

Authorization: I hereby authorize Rio Communities to initiate credit or debit entries, and in accordance with Rio Communities Policies and Procedures, federal and state laws, to initiate adjustments for any credit or debit entries made in error to the account indicated. I hereby authorize the financial institution/bank named, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

Duration of Authorization: This authorization agreement is effective as of the signature date and is to remain in full force and effect until Rio Communities has received written notification from the service provider/vendor or authorized representative of its termination in such time and such manner as to afford Rio Communities and the DEPOSITORY a reasonable opportunity to terminate such service. Rio Communities will continue to send ACH credits or debits to the authorized DEPOSITORY until notified in writing by service provider /vendor of a change to the DEPOSITORY receiving such ACH credits or debit entries. If DEPOSITORY information changes, service provider /vendor agrees to submit to Rio Communities an updated EFT Authorization Agreement.

I have reviewed the EFT instructions described herein and consent to its terms.

Printed Name

Title

Authorizing Signature

Date



City of Rio Communities

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

SERVICE PROVIDER/VENDOR INFORMATION:

NAME: _____

DBA: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

FINANCIAL CONTACT (if applicable):

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PLEASE ENTER YOUR BANK ACCOUNT INFORMATION

CHECKING OR SAVINGS: _____

BANK NAME: _____

9-DIGIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

NAME ON ACCOUNT: _____

Terms and Conditions: I authorize The City of Rio Communities to initiate credit entries into the account and financial institution indicated above. I understand and agree that the origination of any and all Automated Clearing House (ACH) transactions must comply with the applicable provisions of federal and state law. I understand that deposits will be made to the account and financial institution indicated above approximately two (2) days after the processing date and that any delays in this process are outside of the control of the City of Rio Communities. I understand and agree that this authorization will remain in effect until the City of Rio Communities receives written notification from me of its termination in such time and in such manner as to afford the City of Rio Communities and the banking institution indicated above a reasonable opportunity to terminate such service.

Authorization: I agree to the terms and conditions indicated above.

Printed Name

Title

Authorizing Signature

Date



City of Rio Communities Vendor Registration Form

Vendor Information:

Vendor Name: _____

DBA Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____ Fax Number: _____

Billing Remittance Address:

Non-Taxable Transaction Certificate:

Does your company require a Non-Taxable Transaction Certificate (NTTC)? Yes ____ No ____

NM CRS Number: _____

(if you are not a business registered in the state of New Mexico please provide your Federal Tax Identification Number)

