



ACH AUTHORIZATION FORM

Financial Services Agency – Purchasing Division
303 East B Street
Ontario, CA 91764
909-395-2012
purchasing@ontarioca.gov

Please complete this form to have your payments sent via ACH (Electronic) instead of paper checks. Remittance information will be emailed to you at the email address provided below. Email or mail the completed and signed form along with your **most current W9 form**.

Supplier Information

Supplier Name	DBA (if applicable)		
Address	City	State	Zip
ACH Contact Name (*required*)		Phone	
Email Address for Remittance Advice (*required*)			

Check One Box

- Checking
- Savings

Check One Box

- New Setup
- Change

Banking Information

Name on Bank Account	Bank Name
Bank Routing Number <i>(Please provide the 9-digit bank routing number)</i>	Bank Account #

Above named supplier hereby authorizes the City of Ontario to originate Automated Clearing House electronic funds transfer (EFT) credit entries to supplier's account, as indicated above, for payment or reimbursement of goods and/or services. ***If changes to bank or accounts, please provide at least thirty (30) days' written notice***

Supplier Authorization:

Authorized Name

Title

Authorized Signature *(if electronic signature – please attach certificate)*

Date

For security purposes, a member of our Purchasing team will be contacting you to verify the information provided. Please allow 5-7 business days.