



REQUEST TO VENDORS TO ACCEPT ACH PAYMENTS

March 17, 2020

Corpus Christi Regional Transportation Authority is pleased to offer electronic ACH (Automated Clearing House) payments to you, our suppliers. We value our partnerships with our vendors and look for opportunities to expedite payments.

CCRTA is encouraging vendors to enroll in response to the measures our Agency is taking to prevent any disruptions that may result from COVID-19 pandemic challenges. **It is highly recommended otherwise payments may be based on terms of net 30.**

We are asking forms to be sent to a dedicated Fax Line. The fax line is located in an office of the Finance Department. The office is kept locked at all times only authorized personnel are allowed to retrieve the faxes from this dedicated Fax line.

If you have a secure email platform, you may use this form of transmission instead. Email to:

mroddel@ccrta.org

To enroll:

- **The name of the bank account and federal ID# must agree with the name on our vendor database. The vendor name is set up in accordance with the information from the W-9.**
- Please return the completed forms via fax: Attention Accounts Payable to: 361-884-8101.
- If you have any questions, please contact Terri by phone at 361-903-3581.
- Once you are set up CCRTA will pre-note your bank information to make sure the information is accurate.
- Once the pre-note is verified you will be notified via email that moving forward you will be paid Via ACH.
- An ACH alert will be sent to the contact identified on your enrollment form when remittance payments are processed.

Thank you,

Marie Sandra Roddel

Marie Sandra Roddel
Director of Finance



ACH AUTHORIZATION FORM

Please provide all required information below

RETURN VIA FAX: 361-884-8101, ATTENTION ACCOUNTS PAYABLE

Vendor Name: _____

Vendor Address: _____

Federal ID #: _____

Accounting Contact Name: _____

Phone number: _____

Email Address: (Print or Type clearly) *required to receive remittance

*****Finance dept use only*****

Vendor #

Date

Updated FN

Staff Initials

Bank Name: _____

Bank Address: _____

ABA Routing Number: _____

Bank Account Number: _____

Account Type: (Choose one)

Checking Savings Money Market Other _____

I certify I am responsible for notifying any changed to the above information provided to Corpus Christi Regional Transportation Authority (CCRTA) in writing.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorized CCRTA to electronically deposit payments to the designated bank account. I also authorized CCRTA to make withdrawals from this account in the event that a credit entry is made in error. This authority remains in effect until written notice of change or cancellation is received by CCRTA. CCRTA reserves the right to cancel or suspend this authorization at any time.

Authorized Signer (print) _____ Signature _____

Title: _____ Date: _____