



For Aztec Use Only
Vendor No: _____

COMPANY INFORMATION

Current W-9 is required to be submitted with this form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

COMPANY NAME: _____

COMPANY WEBSITE: _____

SALES INFORMATION

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

PAYMENT INFORMATION
EFT is available to all vendors

Address (if different than W-9)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment terms _____

OTHER COMPANY INFORMATION

NM CRS ID No: _____ NM Contractor's License No.: _____

City of Aztec Business License No: _____

Insurance certificate, listing City as additional insured, is required if work is to be completed on City property. Minimum requirements:

- General Liability - \$1,000,000 CSL (Combined Single Limits)
- Auto Liability - \$1,000,000 CSL (Combined Single Limits)
- Workers Compensation – Statutory limits pursuant to the New Mexico Workers Compensation Act.

To receive notification of bids, quotes, the City of Aztec distributes information through Vendor Registry. A link to Vendor Registry is available on <http://www.aztecnm.gov/purchasing/office.html>



City of Aztec
Request for Vendor Electronic Funds Transfer (EFT)
Authorization Form

New

Change

| Section One: Vendor Contact Information | | Section Two: Vendor Banking Information | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|-------------------|
| Vendor Name: | | Bank Name: | |
| Vendor Name as shown on bank account (if different from above): | | Bank Address: | |
| Address: | | City/State/Zip: | |
| City/State/Zip: | | Bank Routing Number: | |
| Contact Person: | | Bank Account Number: | |
| Telephone Number: | | Account Type: Checking Savings | |
| Email Address: | | City Use Only Date Entered: | Vendor No: |
| If information supplied above is a change request, please provide the following information: | | | |
| Previous Bank Name: | | | |
| Previous Bank Address: | | | |
| Previous Bank Routing Number: | | | |
| Previous Bank Account Number: | | | |
| Account Type: Checking Savings | | | |
| Section Three: EFT Email Notification | | | |
| Notification of EFT payments will be sent as a pdf file via email when a payment has been issued, to the email address listed above. | | | |
| To ensure that EFT Notifications are delivered to the email address provided, please add acctspayable@aztecnm.gov to your address book. | | | |
| Section Four: Authorization Agreement - Please read and sign your name below. | | | |
| <p>I hereby authorize the City of Aztec (hereinafter "City"), to initiate credit entries to the account at the bank listed above for all vendor payments. This agreement will remain in effect until I notify the City of the desire to cancel or change this service or until the City notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed above to accept any credit entries by the City of Aztec to such account and to credit the same to such account. If the City credits more money than the correct payment amount to the account, due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same date of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error), the City will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law.</p> <p>By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for Direct Deposit Payments.</p> | | | |
| Date: | Signature | Title | |
| Printed Name | | Phone Number | |

Send the completed form to the City of Aztec at:

City of Aztec
Attn: Finance Dept
201 W Chaco
Aztec NM 87410

Or Fax To: 505-334-7649