



Dear Supplier:

The Rhode Island Commerce Corporation has implemented a system to process payments to its suppliers via Automated Clearing House (ACH) as an alternative to paper checks. This will expedite the receipt of funds into your business bank account and eliminate the need for you to make a deposit at the bank. You will receive a Remittance Advice (see attached) through the mail to report the details of each payment made for your financial records.

We are asking all suppliers to participate in this payment program. You will need to complete the attached paperwork (W-9 Form and ACH Payment Authorization Form) for us to complete the required set-up.

We are confident that this enhancement will provide for improved availability of funds as well as decreased administrative costs for you relative to processing bank deposits.

Please return forms to the following email billing address: [billing@commerceri.com](mailto:billing@commerceri.com) or mail to:

Rhode Island Commerce Corporation  
Attn: Accounting Department  
315 Iron Horse Way, Suite 101  
Providence, RI 02908  
Fax: 401-273-8270

If you have any questions, please do not hesitate to call the Accounting Department at 401-278-9100.



# **ACH PAYMENT AUTHORIZATION FORM**

## **For Suppliers of Rhode Island Commerce Corporation**

Rhode Island Commerce Corporation  
315 Iron Horse Way, Suite 101  
Providence, RI 02908  
Tel: 401-278-9100 Fax: 401-273-8270  
email: [billing@commercerci.com](mailto:billing@commercerci.com)

**Vendor Name:** \_\_\_\_\_

I hereby authorize Rhode Island Commerce Corporation (Corporation) to initiate entries to the checking/savings account at the financial institution listed below.

Account for funds to be deposited:

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_  
\_\_\_\_\_

**Bank Routing Number (9 digits ABA#):** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Name as it appears on the account:** \_\_\_\_\_

**Type of account:**            \_\_\_ Checking            \_\_\_ Savings

**Bank Contact Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

This authorization will remain in effect until the Corporation has received written notification of its termination to cancel it in such time as to afford the Corporation a reasonable opportunity to act.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For RI Commerce Corp. Internal Use Only**

Date Received: \_\_\_\_\_ GP Vendor ID: \_\_\_\_\_

Date Updated GP: \_\_\_\_\_ Updated by: \_\_\_\_\_

Rhode Island Commerce Corp.  
315 Iron Horse Way, Suite 101

Page: 1

Providence

RI 02908

Company Name  
Company Address

City, State ZIP

Vendor ID	Payment Number	Check Date	Check Number
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Company Name	0000000045753	4/23/2009	REMIT000000517

Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
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0000000000063711	524221	4/21/09	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00
	Totals:		\$100.00	\$100.00	\$0.00	\$0.00	\$100.00

SAMPLE REMITTANCE ADVICE