



## CITY OF RIO COMMUNITIES

360 Rio Communities Blvd.  
Rio Communities, NM 87002  
505-861-6803  
[www.riocommunities.net](http://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](mailto: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,

Roy C. Hubbard  
Finance Officer/CPO



## 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)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="10" style="text-align: center;"><b>Social security number</b></td></tr> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> <tr><td colspan="10" style="text-align: center;">or</td></tr> <tr><td colspan="10" style="text-align: center;"><b>Employer identification number</b></td></tr> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> </table>	<b>Social security number</b>																				or										<b>Employer identification number</b>																			
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*

- Form 1099-INT (interest earned or paid)



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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)

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Exemption from FATCA reporting code (if any) _____
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					(Applies to accounts maintained outside the U.S.)
	<input type="checkbox"/> Other (see instructions) ▶					
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)					
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

<b>Part I Taxpayer Identification Number (TIN)</b>
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.
<b>Social security number</b>
or
<b>Employer identification number</b>
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.

<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and		
3. I am a U.S. citizen or other U.S. person (defined below); and		
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

## General Instructions

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- Form 1099-DIV (dividends, including those from stocks or mutual funds)
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