Change Request- ACH Enrollment and Update ACH requests: Instructions for Suppliers



Purpose: To instruct suppliers on how to request ACH enrollment and how to update their existing ACH information.

These instructions are for existing suppliers who want to request ACH enrollment. Before proceeding supplier must complete the ACH Authorized Signer Form and reference "Supplier Registration Instructions"; both can be found on the FAQs tile in the Supplier Portal Landing Page. The Supplier Registration Instructions are included in these instructions on page 13 labeled, "Exhibit A".

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	gistration Terms and Conditions gistration Instructions					

There are two (2) types of ACH changes:

- 1. <u>New payment request 1St time ACH</u>
 - a. These suppliers have not received ACH direct deposit from the County of Riverside.
 - b. This change request will be the supplier's ACH enrollment request.
- 2. Update payment request Existing ACH
 - a. These suppliers currently have ACH bank account information on file and are updating their account information.



Change Request- ACH Enrollment and Update ACH requests: Instructions for Suppliers

New Payment – 1st time ACH

Log into supplier portal.

• Click "Manage Profile" tile.

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- Click "Supplier Change Request" on the left side of the screen.
 - Navigate to "Payment Profile" tab.

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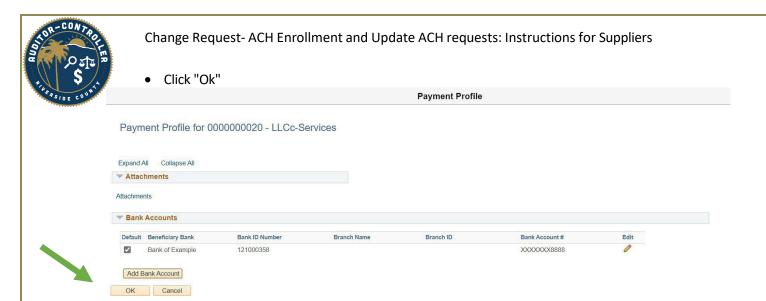
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ACO Test Run LLCc-Services	
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View	
Adding large attachments can take some time to upload, therefore, it is advisable to save the transaction before adding large attachments Add Attachment OK Cancel	
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Add Attachment OK Cancel Click "Add Bank Account" Payment Profile Payment Profile for 0000000020 - LLCc-Services Collepse All Attachments Attachments	

- Enter Bank account information. (Reference "Exhibit A" by scrolling down to page 13, in the "Location" section. A summary is provided here.)
 - Description: Describe the payment (s) you receive or enter your Business Entity Type Abbreviation and "Services" or "Products" (Reference How to Register as a New Supplier, "Contacts" section)
 - o Bank Name: Name of Financial Institution
 - Bank ID Qualifier: 001
 - Account Type: Select type of account.
 - **Bank ID:** ACH Routing number.
 - Please note ACH routing number may differ from the routing number on your check. Please check with your financial institution for the appropriate ACH routing number.
 - o DFI Qualifier: 01
 - **DFI ID:** ACH Routing number
 - Always the same as **Bank ID** above

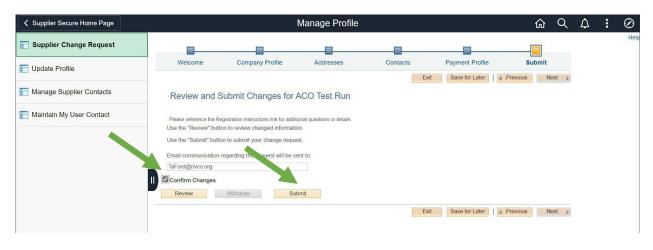
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- Confirm Changes
- Click Submit





Change Request- ACH Enrollment and Update: Instructions for Supplier

These are instructions for suppliers who want to update their existing ACH information. Before proceeding supplier must complete the ACH Authorized Signer Form and reference "Supplier Registration Instructions"; both can be found on the FAQs tile in the Supplier Portal Landing Page. The Supplier Registration Instructions are included as "Exhibit A" on page 13 of this PDF. <u>These instructions are specifically for Update Payment</u> <u>Method Request. Return to the 1st page of these instructions for 1st time ACH enrollment request.</u>

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Didn't find wl	hat you were looking for? Contact Us				

Update payment request – Existing ACH

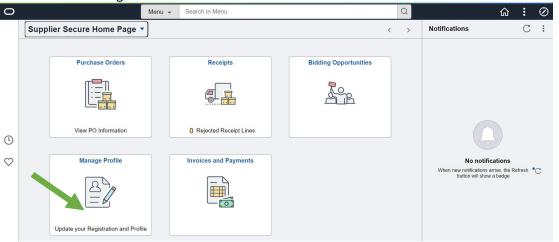
***These suppliers currently have ACH bank account information on file and are updating their account information. ***



Update Payment Request

Log into supplier portal.

• Click "Manage Profile" tile.

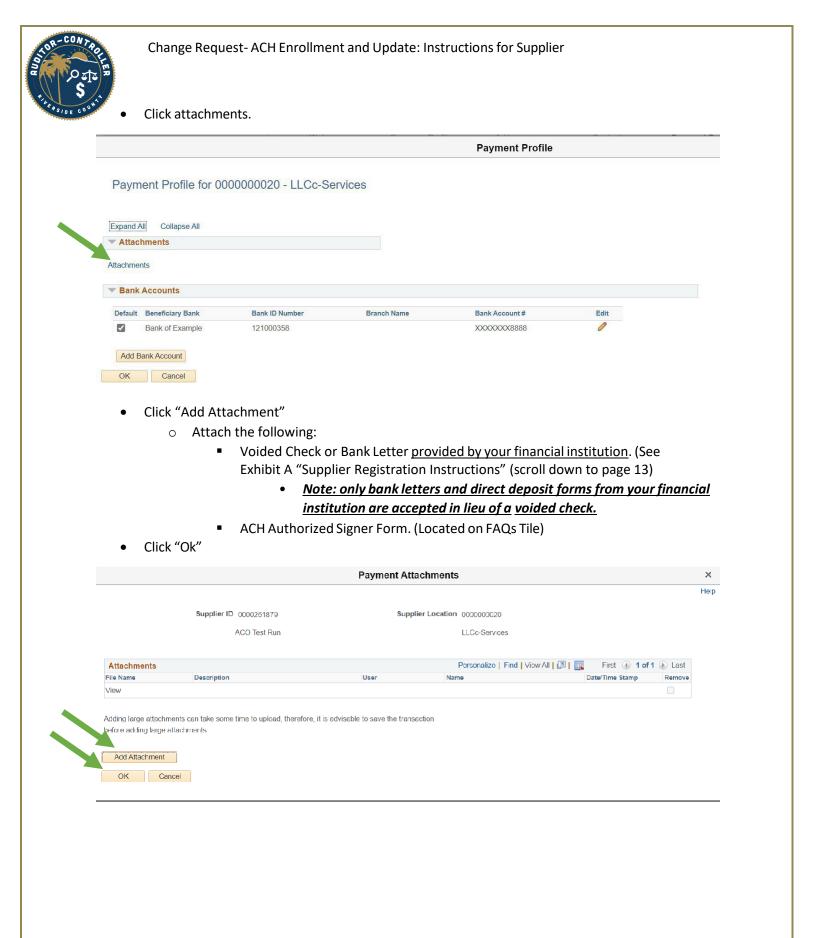


• Click "Supplier Change Request" Tab

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- Change Request- ACH Enrollment and Update: Instructions for Supplier
- Click pencil icon to edit bank account information.

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Add E	Sank Account					
OK	Cancel					

• Notice existing account information.

	Su	pplier Ban	k Account	×
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- Enter new account information. Only update the following fields:
 - Bank Name (If applicable)
 - Account type (if applicable)
 - Bank ID (If Applicable) ACH Routing Number
 - o Bank Account Number
 - o DFI ID (If Applicable) ACH Routing Number

Sup	oplier Ban	k Account	>
Remove Bank Account			Help
Bank Accounts			
Country USA Q United States Bank Name Wells Fargo Branch Name	<u>8</u> 2		
Back ID Qualifier 001 Q United States Bank Bank ID 121042882		Account Type Checking Account	
Bank Account Number 9999999999 DFI Qualifier 01 Q Transit Number IBAN		DFI ID 121042882	

OR-CONTROL	Change Request- ACH Enrollment and Update	Instructions for Supplier	
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	Bank Account Number 99999999999		
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	Bank Address		
	Country USA Q United States		
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	Address 2		
	Address 3		
	City		
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	Bank Phone		
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	Fax		
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• Click "Ok" on next screen (Payment Profile)

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- Click "Next"
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- Select "Confirm Changes"
- Click "Submit"

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	Review							
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Exhibit A

REGISTRATION INSTRUTIONS

Supplier Registration Please have theses readily available before proceeding with Registration • Supplier/Payee name, as you want it to appear on payment instruments • Supplier/Payee address, where you want payments to be delivered • Supporting Document (see end of instructions) • Attach W-9 and Supporting Documents to Identifying Information Section only accepts the most updated IRS Version. A fillable version has been pr • Attach ACH documents in Location section (See "Location" below)

• Attach W-9 and Supporting Documents to Identifying Information Section. The Auditor Controller's Office (ACO) only accepts the most updated IRS Version. A fillable version has been provided on the instructions tile. Attach ACH documents in Location section (See "Location" below) TIN (Tax Identification Number) For: Sole Proprietor, Sole Proprietor W/DBA, or Single Member LLC Provide: SSN or EIN of the individual (Single Member) For: Partnerships or Corporation (C-Corp, S-Corp, LLC-C Corp, LLC-S Corp, Incorporated, etc.) Provide EIN (Required) Please note: RIVCO ACO uses IRS TIN match to verify TIN information. Please make sure the entity name and TIN information provided is accurate. The County of Riverside reports payments to the IRS when applicable. Welcome Select "Start a new registration form" if you've clicked the link sent for the first time. If you started a registration and returning, please select "Continue from where you left". Identifying Tax Identification Number: This number will correspond to the "Entity Name" portion. Remember if you are a Sole Information Proprietor or the Single Member of a Single Member LLC, please provide your SSN, UNLESS you have elected to be taxed as a corporation. Also, please remember to provide TIN information for the Parent company or individual of a DBA if applicable. Entity Name: Please enter the entity name as it should appear on payment instruments. Please note, if the business is a parent company of subsidiaries or a Sole Proprietor with a DBA, please enter the parent company or individual's name here. Additional Name: This section only applies if you have 1 DBA or Subsidiary. If you are a parent company with more than 1 subsidiary or an individual with more than 1 DBA that does or will do business with the County of Riverside, please enter the Parent Company or individual's name in "Entity Name" section above.

REGISTRATION INSTRUTIONS

Address	NOTE: If including subsidiaries, multiple address entries are required to include them in the supplier profile. This will
	need to be done as a change request once your initial registration is approved. Repeat the following for each
	subsidiary via Change Request, 5 Max. Contact ACOSupplierRegistration@rivco.org if more subsidiaries are needed.
	Address 1: Enter street number, street name and unit, suite and or floor if applicable.
	Address 2: Optional and available in the event address ID 1 reaches maximum characters
	Address 3: Optional and available in the event address ID 2 reaches maximum characters
	City: Enter the City of the address
	County: Optional, corresponds to the address being entered
	State: Enter the state of the address
Contact: Business	Please enter one of the following abbreviations followed by "- Services" or "-Materials" whichever is applicable to the
Type Abbreviation	product that your business will be providing.
	Business Type: Abbreviation
	Sole Proprietor (includes Sole Owner of DBA): Sole
	Partnership, Limited Partnership: P
	Limited Liability Partnership: LLP
	Single Member Limited Liability Company: LLCsm
	Limited Liability Company C Corp: LLC-CCorp
	Limited Liability Company S Corp: LLC-SCorp
	Corporation: CCorp or SCorp (Whichever is appliable)
Location	ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO RECEIVE PAYMENT VIA ACH ENROLLMENT. US BANKS
	ONLY! DISCLOSURE: By entering bank account information you acknowledge, under penalty of perjury, that you are
	a/the authorized signer for both the bank account and the supplier for which this profile corresponds and to which
	payments will be remitted. You release the County of Riverside of any responsibilities, liabilities, penalties et.al.
	should the information provided be incorrect, fraudulent, or adverse in any other capacity. By attempting to conduct
	business with the County of Riverside you understand, acknowledge, and agree in the event any fraudulent activity is
	discovered or reasonably suspected the County of Riverside will prosecute to the fullest. INSTRUCTIONS: NOTE* An
	uploaded voided check or bank letter and ACH Authorized Signer sheet is REQUIRED. Bank ID Qualifier: Routing #,
	Account type: Select your account type, Bank Account Number: Account #, DFI ID: Same as Bank ID: Routing #

Change

Request

request	
Change Request is the <u>initiation</u> of a change to the Supplier Record by the supplier user. All change requests require approval before becoming finalized.	All change requests require attachments of a W-9 and at least 1 supporting document.
Identifying Information	Supplier profile information can be updated here. Changes such as name, business type, TIN etc. Please note a change in TIN information may require a new supplier ID and registration. Enter updated information; attach W-9 and at least 1 supporting document in the "Identifying Information" section
Address	Company address. Enter updated information; attach W-9 and at least 1 supporting document in the "Identifying Information" section
Contacts	Company contacts and business type (see Business Abbreviation above). Enter updated information; attach W-9 and at least 1 supporting document in the "Identifying Information" section
Location	This section is for ACH Enrollment/Change of current ACH bank information. ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO RECEIVE PAYMENT VIA ACH ENROLLMENT. US BANKS ONLY! DISCLOSURE: By entering bank account information you acknowledge, under penalty of perjury, that you are a/the authorized signer for both the bank account and the supplier for which this profile corresponds and to which payments will be remitted. You release the County of Riverside of any responsibilities, liabilities, penalties et.al. should the information provided be incorrect, fraudulent, or adverse in any other capacity. By attempting to conduct business with the County of Riverside you understand, acknowledge, and agree in the event any fraudulent activity is discovered or reasonably suspected the County of Riverside will prosecute to the fullest. INSTRUCTIONS: NOTE* An uploaded voided check or bank letter and ACH Authorized Signer sheet is REQUIRED. Bank ID Qualifier: Routing #, Account type: Select your account type, Bank Account Number: Account #, DFI ID: Same as Bank ID: Routing #Enter changes for New Account information are required . Acceptable documentation is a voided check or bank letter (notification from your financial institution) Please Note: bank account instructions on company letterhead is not acceptable. Upload a voided check or bank letter from your financial institution(s) for BOTH the account we have on file and the new account for which change regards.

Supporting	A supporting document must state the supplier's name as requested and the address for which the supplier would
Documents	like to have on their profile. Example of an acceptable supporting document include: invoice, company letterhead,
	purchase order, business card, State Articles of Incorporation, County DBA registration, etc. A W-9 will ONLY be
	accepted for INDIVIDUALS providing services that are not DBA nor Incorporated. ALL other BUSINESS TYPES must
	include a supporting document in addition to a W-9.