



**Metro**

**LOS ANGELES COUNTY  
METROPOLITAN TRANSPORTATION AUTHORITY  
AUTOMATED CLEARING HOUSE (ACH) PAYMENT  
AUTHORIZATION**

<b>SECTION I: <i>Supplier Information</i></b>		
Supplier Number:		
Company Name:		
Payment Address:		
City:	State:	Zip Code:
Contact Name:	Contact Phone Number:	
Email Address:		
<b>SECTION II: <i>Banking Information</i></b>		
Tax ID:		
Bank Name (Required):		
Account Name:		
Account Type (Required): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Account Number (Required):		
Routing Number (Required):		
<b>SECTION III: <i>Authorization</i></b>		
Print Name of Authorized Person:		
Print Title :		
Phone Number:		
Signature of Authorized Person:		
Date:		
<b>SECTION IV: <i>Approval - Metro Use Only</i></b>		
Approved by:	Date:	
Entered by:	Date:	



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Field	Description
Supplier Number	If you know the supplier number, please enter. Not required if not available.
Company Name	Enter name of company doing business with L.A. Metro.
Payment Address	Enter address where payment may be mailed in accordance with Metro records.
Contact Name	Enter name of person from your company that Metro may contact for more information if required.
Contact Phone Number	Enter number where contact person may be reached.
Email Address	Enter the email address where payment detail information can be sent (i.e., information to include payment amount, payment date, description of invoices paid, etc.)
Tax ID Number	Enter company's tax identification number.
Bank Name	Enter the bank name where payments are to be sent (i.e. Bank of America, Washington Mutual, etc.)
Routing Number	Enter the first 9 numbers of the account to which you would like funds sent. This information is located on your check for the account. Do not use information from a deposit slip.
Account Name	Enter the official name of the account.
Account Number	Enter the account number to which funds are to be sent.
Account Type	Check the appropriate account type.
Authorized Person & Title	Enter name and title of person of your company authorized to approve ACH transactions.
Signature	Must be a wet signature.
Phone Number	Enter phone number where authorized person may be contacted.

**Please see check sample to find Routing No and Bank Account No**

<p><b>John Smith</b> <span style="float: right;"><b>101</b></span>  <b>1234 Walk of the Stars,</b>  <b>Hollywood, CA. 90012</b></p> <p>Pay to the  Order of _____ \$  _____ Dollars</p> <p>Bank of America</p> <p>*122000661**0101** 0195300710*</p>
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Routing Number

Account Number



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Please mail your completed form along with a copy of a  
*voided check* to:

Metro Accounts Payable  
P.O. Box 512296  
Los Angeles, CA 90051

Questions? Please feel free to contact:  
Remy Maranan at (213)922-6812