



The City of Hot Springs is pleased to offer to its vendors the option to use the Automated Clearing House (ACH) to direct deposit their invoice payments directly into a domestic bank account. The City of Hot Springs is working to provide its vendors a more efficient processing of its invoice payments.

**Benefits:**

1. Faster receipt of payment. Funds should be available in your bank account within two days of the payment being released by the City.
2. Funds will no longer be lost or delayed by the mail service.
3. A remittance stub with detailed payment information is emailed directly to the contact of your choice.

**Enrollment:**

To enroll in the ACH payment processing, please complete the form below and forward to the following address. You are welcome to also email or fax the information.

**City of Hot Springs Finance Department**

**ATTN:** Olivia Thomason and Brooke Callicoa

**324 Malvern Ave, 2nd Floor, Hot Springs, AR 71901**

**Email:** [othomason@cityhs.net](mailto:othomason@cityhs.net) and [bcallicoa@cityhs.net](mailto:bcallicoa@cityhs.net)

**Fax:** (501) 321-6833

**Phone:** (501) 321-6830 or (501) 321-6822

Please allow two weeks upon receipt of your enrollment form for your vendor payments to be remitted via ACH. If you have any questions, please feel free to contact Purchasing at (501) 321-6830 or (501) 321-6822.

**ACH VENDOR FORM**  
**City of Hot Springs Finance Department**

Original Request

Amended Request \*\*\*

**Vendor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Bank Information**

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Nine Digit Transit Number: \_\_\_\_\_

Account Type:  Checking  Savings

Email Address for Remit: \_\_\_\_\_

I certify that I am an authorized representative of the above stated vendor.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**ATTACH COPY OF A VOIDED CHECK**

**Submit Form to Purchasing:**  
**Email:** [othomason@cityhs.net](mailto:othomason@cityhs.net) and [bcallicoat@cityhs.net](mailto:bcallicoat@cityhs.net) office:  
321-6830 or 321-6822; fax: 321-6833

\*Please remember to fill out an amended form for any bank account changes.\*

Please allow two weeks upon receipt of your enrollment form for your vendor payments to be remitted via ACH.

For Finance USE: Date Received: \_\_\_\_\_