

# Metro Vendor Account and ACH Setup/Update Instructions

To receive reimbursement payments from Metro, your agency must have an active vendor account in Metro's iSupplier system.

## 1. New Subrecipients - Register as a Metro Vendor

Begin by [registering as a vendor](#) in Metro's iSupplier system. As part of the registration, your agency will need to provide its applicable six (6) digit [NAICS codes](#).

- Complete and submit the iSupplier vendor application.
- After successful submission, Metro indicates that a confirmation is generally provided within 24 hours during normal business hours (Monday-Friday, 7:30 a.m.-4:00 p.m.).
- Once your registration is approved and you receive your iSupplier Number, provide the number to your Metro Section 5310 contact so Metro can establish the purchase order.

## 2. Current Subrecipients - Review and Update Your Vendor Profile

If your agency already has an iSupplier account, log in to [manage and maintain your vendor profile](#) and confirm that your agency's information is up to date.

## 3. Optional - Set Up or Update ACH Payments

Metro can issue reimbursement payments by check or ACH transfer. ACH transfers are generally faster than payments by check. If your agency would like to receive reimbursements by ACH or needs to update existing banking information, complete the **ACH Vendor Authorization Form** included at the end of these instructions.

- For a new vendor account, complete the ACH form after receiving your iSupplier Number.
- Submit the completed and signed form, along with a copy of a **voided check**, directly to Metro's Accounting Department using the submission instructions on the form.
- **Important:** ACH documentation contains sensitive banking information. Do not copy your Section 5310 contacts when submitting the form.

### Need Help?

For assistance with setting up or updating an iSupplier vendor account, contact Metro's Vendor Account Department at **213-922-1037**.



**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:<br>CA | Zip Code:                |
| Contact Name:                                                                               |              | Contact<br>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:                    |



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

| Field                     | Description                                                                                                                                                                         |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplier Number           | If you know the supplier number, please enter. If not, not required.                                                                                                                |
| 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 submit the completed form and a copy of a **voided check** by email to **Bonnie Kwan, Accountant**, at [kwanb@metro.net](mailto:kwanb@metro.net), or by mail to **Metro Accounts Payable**, P.O. Box 512296, Los Angeles, CA 90051.

For questions, contact the **Accounts Payable Hotline** at 213-922-6811, option 3.