PLEASE
DO NOT
STAPLE

PRINT FORM

Statewide Payee Registration
Washington State

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

☐ **NEW REGISTRATION**

☐ **CHANGE to EXISTING REGISTRATION** – complete the **ENTIRE** form and check below what is updated:

☐ Name/DBA ☐ Address ☐ Contact Information ☐ Email ☐ Payment Options ☐ Direct Deposit ☐ Additional Information

If you know your Statewide Vendor Number, enter it here: _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms (see W-9)

SSN **OR** **EIN**

Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

Contact Person

( ) - Ext.

Mailing Address

Contact Telephone Number

( ) -

City, ST and Zip Code

Contact Fax Number

Email to receive Statewide Vendor Number and payment notifications

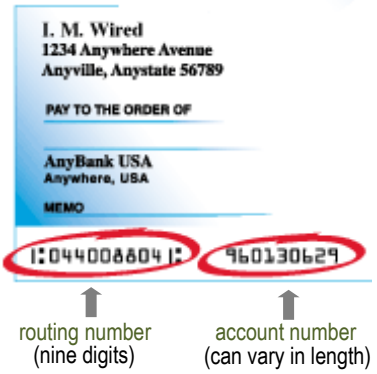
Agy#/Owner-Int./System/Identifier STATE USE ONLY

Type of Business

STEP 3: Select Payment Option:

☐ Direct Deposit to bank (recommended) or ☐ Check in US mail (terminates any previous banking information on file)

STEP 4: For Direct Deposit, complete all fields below and sign



Financial Institution Name – must be a US institution

( ) -
Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

In addition to providing your banking information on this form, you may also attach a voided check.

Account Type: ☐ Checking or ☐ Savings (Checking will be used if neither box is marked.)

Authorization for Direct Deposit:

I hereby authorize and request the Department of Enterprise Services (DES) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, DES and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, DES will notify this office of the error and the reason for the reversal. This authority will continue until such time DES and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print)

Title

SIGNATURE of Authorized Representative

Date

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form **W-9**

Request for Taxpayer Identification Number and Certification

1. Legal Name (as shown on your income tax return)

2.Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

3.Check ONLY ONE box below (see W-9 instructions for additional information)

☐ Individual or Sole Proprietor	☐ Corporation	☐ LLC filing as Corporation	☐ Non Profit Organization	☐ Local Government	☐ Tax-exempt organization
☐ LLC filing as a sole proprietor	☐ S-Corp	☐ LLC filing as Partnership	☐ Volunteer	☐ State Government	☐ Trust/Estate
☐ Partnership		☐ LLC filing as S-Corp	☐ Board /Committee Member	☐ Federal Government (including tribal)	

4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:
☐ Medical ☐ Attorney/Legal

5. If exempt from backup withholding, check here: ☐

6. Address (number, street, and apt. or suite no.)

7. City, state, and ZIP code

For office use

The Legal Name, Address and TIN must be filled in completely and the document signed for the forms to be accepted.

8.Taxpayer Identification Number (TIN)

Enter your EIN OR SSN in the appropriate box to the right (do not enter both)

For individuals, this is your social security number (SSN).

For other entities, it is your employer identification number (EIN).

NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.

Social security number

OR

Employer identification number

9. Certification

Under penalty of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

SIGNATURE of U.S. PERSON

Date

STEP 6: Submit

For fastest service, PRINT, SIGN, FAX to: 360-664-3363

or mail to: Statewide Payee Desk, PO Box 41434, Olympia WA 98504-1434

http://www.des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx