



# Office of Financial Management

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## INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE CHANGE FORM

### The Change form should be used to perform one of the following:

- Change the authorized contact person.
- Change the “Doing Business As” (DBA) name.
- Change the telephone number.
- Change the email address (for remittances and correspondence).
- Change the registered mailing address.
- Add additional business locations under the same EIN.

**Please Note: If writing instead of typing, please PRINT clearly in Dark Blue or Black Ink. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.**

### PART A Identification Details:

- You **MUST provide your Statewide Vendor Number.**
- If you do not know your Statewide Vendor Number use the link provided - <http://ofm.wa.gov/vendorlookup>
- You must provide your legal name as it appears with the IRS.
- You must provide your DBA if you have one.
- You MUST provide your Social Security Number (SSN) **OR** Employer Identification Number (EIN).  
Do not provide both.

### PART B Changes to Be Made:

- If you are a business, a contact person's name *must* be provided.
- Use the check boxes provided if you wish to add or remove an additional location to your existing record.  
You must fill out a form for each location desired. Complete the entire form.

When you are finished, sign and date the bottom of the document.

- Please sign with a pen (a “wet signature”).
- Electronic, inserted or stamped signatures will not be accepted.
- This form is not considered valid unless it is signed.

**IMPORTANT: If doing the following, do not fill out this form.**

**You MUST submit a new Registration (W9) form to:**

- Change the Taxpayer Identification Number (TIN) OR
- Change the Legal name

***For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5  
OR  
Any other questions, please contact the agency you are expecting payment from.***

### Submitting the Vendor/Payee Registration (W9):

- Please PRINT and SIGN the completed form
- SCAN to PDF format and EMAIL to: [payeeforms@ofm.wa.gov](mailto:payeeforms@ofm.wa.gov)
- FAX to: (360) 664-3363 OR
- MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450

OR

PLEASE  
DO NOT  
STAPLE



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## VENDOR/PAYEE CHANGE FORM

**Important Note:** For changes to existing registrations you will be contacted via your registered Email or Telephone Number or Physical Mailing Address to verify this change. Changes will not take effect until we have been able to successfully verify the change with the contact person on file.

### PART A: Enter Identification Details – ALL FIELDS REQUIRED

Statewide Vendor Number:

|   |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|---|--|--|
| S | W | V |  |  |  |  |  |  |  |  |  |  | - |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|---|--|--|

LEGAL NAME: \_\_\_\_\_

DOING BUSINESS AS (DBA): \_\_\_\_\_

Taxpayer Identification Number:  
(SSN or EIN)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

### PART B: Changes to be made.

- Check this box to add an additional location, complete entire form.
- Check this box to change an existing location. Only enter fields you wish to change.

Contact Name \_\_\_\_\_

DBA (Doing Business As) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Number, street, and apt, or suite no.)

City, State, and ZIP code \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
SIGNATURE of Authorized Representative  
(No stamped or electronic signatures please)

\_\_\_\_\_  
Date