PLEASE DO NOT STAPLE

Office of Financial Management

Better information. Better decisions. Better government. Better Washington.

Statewide Payee Registration
Washington State

PLEASE READ BEFORE PROCEEDING

- The legal name on both forms must match each other and the legal name on file with the IRS.
- Please use **dark blue or black ink** when signing, or if filling out the forms by hand.
- Please fill out this form (**both pages**) in its entirety, even if some information has not changed.
- A 9-digit US taxpayer identification number (either SSN or EIN) is required on **both** forms.

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

STEP 1: 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, State and Zip Code

Contact Fax Number

Email to receive Statewide Vendor Number and payment notifications

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

Type of Business (If Non Profit or Tax Exempt, please submit your determination letter)

STEP 2: Select Payment Option:

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

STEP 2a: For Direct Deposit, complete all fields below and sign

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

Financial Institution Name – must be a US institution

( ) -

Financial Institution Phone Number

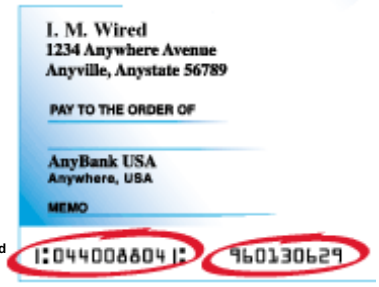
This account is:

☐ **Checking** ☐ **Savings**

Routing Number – see example at right

Account Number – see example at right

Will default to Checking if no option is checked



routing number (nine digits)

account number (can vary in length)

Account Type: ☐ PPD (Personal) ☐ CCD (Corporate/Business)

Will default to CCD if no option is checked

Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) 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, OFM 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, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM 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)
(Not to be signed by your financial institution)

Title

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

Date

Forms will not be accepted if they have whiteout, have been crossed off or have been written over.

STEP 3: 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/Sole Proprietor (Including LLC-Sole Proprietor)
- ☐ Volunteer
- ☐ Board/Committee Member
- ☐ Corporation (Including LLC-Corporation, S-Corp and LLC S-Corp)
- ☐ Partnership (Including LLC-Partnership)
- ☐ Non Profit Organization
- ☐ Tax Exempt Organization
- ☐ Trust/Estate
- ☐ Local Government
- ☐ State Government
- ☐ Federal Government (Including Tribal)

4. For Corporation or Partnership ONLY, check one box below if applicable:

☐ Medical ☐ Attorney/Legal

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

6. 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.

7. 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 to avoid backup withholding. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions.
NOTE: 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

8. 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

No Stamped or Electronic Signatures will be accepted

STEP 4: Submit

Please allow up to 7 business days for processing of this paperwork from the day we receive it.

If adding or changing direct deposit information, up to 10 additional business days may be needed for your financial institution to verify your information.

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

or mail to: Statewide Payee Registration, PO Box 41450, Olympia WA 98504-1450

If you have questions regarding these forms, please contact the agency you are working with.