



Substitute W9 & Vendor Direct Deposit Form

TAMUCC Department Contact Requesting Vendor Set up - Name: _____ Phone ext. _____

Select a Transaction Type:

Does the Vendor need set up in Concur:

What type of Funds will be use for the purchases with this vendor:

To be Completed by Vendor

New Vendor Set up and Payee Information:

Individual/Company/Entity Legal Name:

(Must match TIN below):

Taxpayer ID #:

or SSN – Individual/Sole Proprietor

DBA Name (If Applicable): DBA Name (If Applicable)

Check if Company is a Certified HUB vendor HUB VID# _____

If you have been employed with Texas A&M System or any of its components within this tax year, this form will be only to set up for an employee reimbursement. Any other types of payments must go through Payroll on a supplemental pay form.

Required - Vendor Tax Type – Select all that apply:

Individual/Sole Proprietorship C-Corporation S-Corporation If a Texas Corporation, Texas Charter Number: _____

Partnership – Enter two partner’s names: (1) _____ Name: (2) _____ Trust/Estate Other

Limited Liability Company. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership): Enter Classification

Exempt payee code (if any) Exemption from FATCA reporting code (if any)

Required - Vendor/Payee Contact Information:

Name: (Print Name)

Phone:

Please Provide an Email for Orders:

Vendor/Individual Remit to Address:

Order Address (For Business Entities Only):

Mailing Address

Shipping Address

City

State

City

State

Zip Code

Zip Code

Certification: Under Penalties of perjury, I certify that:

1. 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
2. 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
3. I am a US citizen or other US person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest & dividends on your tax return. For real estate transactions, item 2 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Direct Deposit Setup Information (Only US Banks Allowed):

Please fill out all fields to receive direct deposit. Prenote could take up to 2 weeks. A check may be cut if processed before the Prenote is confirmed.

Will these payments be forwarded to a financial institution outside the U.S.? Yes No Acct Type: Checking Savings

Bank Name

Email for ACH Notification

Bank Routing Number (9 digits)

Account Number (max 17 characters):

Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts and/or applicable financial institution as designated by Texas A&M University System Members to deposit by electronic transfer payments owed to be by the State of Texas and if necessary, reversal entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution & account designated above. I recognize that if I fail to provide complete & accurate information on this the processing authorization form, the form may be delayed or that my payments may be erroneously transferred electronically. I consent to & agree to comply with the National Automated Clearing House Association Rules & Regulations and the Comptroller’s rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Required: Vendor’s Authorized Signature

Printed Name _____ Authorized Signature: _____ Date: _____

Department requesting set up of the vendor record, please email completed document to vendorcare@tamucc.edu(7/2017)