



Statewide Vendor Registration Instructions

Step 1:

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)?	
<input type="checkbox"/> NEW REGISTRATION A.1	
<input type="checkbox"/> CHANGE to EXISTING REGISTRATION – complete the ENTIRE form and check below what is updated: A.2	
A.3 <input type="checkbox"/> Name/DBA <input type="checkbox"/> Address <input type="checkbox"/> Contact Information <input type="checkbox"/> Email <input type="checkbox"/> Payment Options <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Additional Location	
A.4 If you know your Statewide Vendor Number, enter it here: <input type="text"/>	

A. Step one

A.1 New Registration:

- A. If this is your first time registering for a Statewide Vendor Number check "New Registration".
- B. If you are changing your **legal name, SSN, EIN, or IRS reporting type** check "New Registration".

A.2 Change to Existing Registration:

- A. If you already have a Statewide Vendor Number and are making a change to your current record on file mark "Change to Existing Registration".

A.3 Type of Change: Mark the correct box(s) referencing the change you are making.

- B. Mark "additional location" if the change you are making is not listed.

A.4 Reference Statewide Vendor Number: Provide your State Wide Number to the record you wish to make a change to.

Step 2

STEP 2: Enter information about the payee and contact person

B.1 Legal Name of Payee as it appears on federal tax forms (see W-9)	B.5 SSN OR EIN
B.2 Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name	B.6 Contact Person
B.3 Mailing Address	() - Ext.
City, ST and Zip Code	Contact Telephone Number
B.4 Email to receive Statewide Vendor Number and payment notifications	() -
Type of Business	Contact Fax Number
	Agy#/Owner-Int./System/Identifier STATE USE ONLY

B. Step 2: Enter Information about the payee and contact person

B.1 Legal name of payee: enter the name as it appears on federal tax forms. (This name should match your EIN or SSN B.5).

B.2 Business name :“Doing Business As” name. Enter only if different from legal name.

B.3 Mailing address: This is your Remit To address. If you choose to have checks mailed to you, this is the address where they will be sent.

B.4 Email - Enter the email address we should use to communicate with you about your registration and your payments. We will use the email address to:

- Notify you when your account has been set up.

- Notify you when changes you submitted have been made

- Notify you when your payment has been processed, if you have signed up for direct deposit

***NOTE: For larger organizations we recommend that you use the email address for a distribution list to ensure that our notifications are received and processed quickly.

B.5 EIN or SSN: enter the EIN or SSN you use with the IRS for the legal name entered.

B.6 Contact person: the person we can contact with questions about your registration.

Step 3 & 4

STEP 3: Select Payment Option:

C.1 Direct Deposit to bank (recommended) or **C.2** Check in US mail (terminates any previous banking information on file)

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

D.1 Financial Institution Name – must be a US institution

D.2 Routing Number – see example at right
In addition to providing your banking information on this form, you may also attach a voided check.

D.3 Financial Institution Phone Number

D.3 Account Number – see example at right

D.4 Account Type: Checking or Savings (Checking will be used if neither box is marked.)

Authorization for Direct Deposit:

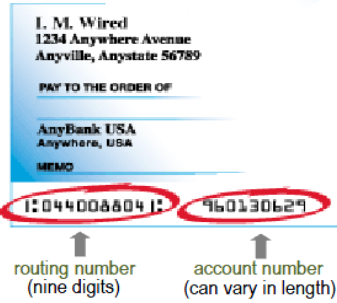
I hereby authorize and request the Department of Enterprise Services (DES) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the 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

D.5 SIGNATURE of Authorized Representative

Date



I. M. Wired
1234 Anywhere Avenue
Anyville, Anystate 56789

PAY TO THE ORDER OF

AnyBank USA
Anywhere, USA

MEMO

↑ routing number (nine digits) ↑ account number (can vary in length)

***** Note*****
For verification processes please **WRITE** in banking even if it is currently on file.

C. Step 3: Select Payment Option

D. Step 4: For Direct Deposit, complete all fields below and sign

- C.1 Direct Deposit:** (Recommended)- If checked, continue to step 4.
- C.2 Check in US mail:** By checking this you are terminating any previous banking information on file. The check will be sent to the mailing address listed on Step 2.
- D.1 Financial institution name & phone number:** enter the name and phone number of the financial institution where you want your funds deposited. This must be a **US institution**.
- D.2 Routing number:** this is the 9 digit Bank Identification Number assigned by the American Banking Association. The routing number is the first 9 numbers at the bottom of your check. See example on form. **Do not use the routing number from a generic deposit slip – these begin with the number '5' and will not be accepted.**
- D.3 Account number:** this is your bank account number, and can vary in length. It usually follows the routing number on the check
- D.4 Account type:** select the kind of account your payment will be deposited into. If you do not make a selection, funds will be transferred into the checking account.
- D.5 Authorization Signature:** in order for us to process the Direct Deposit, we need the signature of the person on file with the bank. If a signature is not included we will not be able to submit your banking information.

Step 5:

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)					
E.1					
2. Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name					
E.2					
3. Check ONLY ONE box below (see W-9 instructions for additional information) E.3					
<input type="checkbox"/> Individual or Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC filing as Corporation	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Local Government	<input type="checkbox"/> Tax-exempt organization
<input type="checkbox"/> LLC filing as a sole proprietor	<input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC filing as Partnership	<input type="checkbox"/> Volunteer	<input type="checkbox"/> State Government	<input type="checkbox"/> Trust/Estate
<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Board /Committee Member	<input type="checkbox"/> Federal Government (including tribal)	
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:					
<input type="checkbox"/> Medical	<input type="checkbox"/> Attorney/Legal	E.4			

E. Step 5: Complete and sign the Request for Tax Payer Identification Number (W-9)

E.1 Legal name of payee: enter the name as it appears on federal tax forms. (This name will match B.1 of Step 2.)

E.2 Business name : “Doing Business As” name. Enter only if different from legal name. (This name will match B.3 of Step 2)

E.3 Check one box for your IRS reporting type: you must check **ONLY ONE** box to indicate your reporting type as you file with the IRS.

E.4 Check if the business is medical or legal: If you are a corporation, S-corporation, partnership or LLC, and your business is medical or legal, you must check the appropriate box. See the W-9 instructions for more information about reporting types.

(<http://www.irs.gov/pub/irs-pdf/iw9.pdf>)

Note If using the printable version E.1 and E.2 will automatically be filled in.

Step 5

5. If exempt from backup withholding, check here: <input type="checkbox"/>	
6. Address (number, street, and apt. or suite no.) F.1	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. City, state, and ZIP code	
8. Taxpayer Identification Number (TIN) Enter your EIN <u>OR</u> 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). <i>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.</i>	
	Social security number F.2
	OR
	Employer identification number F.2
9. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> • 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 F.3	Date

F. Step 5: Complete and sign the Request for Tax Payer Identification Number (W-9)

F.1 Legal address: This is the legal address. The form will automatically fill in your Remit To address from (Step 2 B.2). If the legal address is different from the remit address please manually fill lines 6 and 7.

F.2 Taxpayer Identification Number: enter the EIN or SSN you use with the IRS for the legal name entered. DO NOT ENTER BOTH. Enter ONLY the number which matches the legal name.

F.3 SIGN: The W-9 signature should be from an authorized person. If the W9 is not signed your forms will be sent back.

Note If using the printable version F.1 will automatically be filled in.

Step 6

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>

1. Once forms are received you can expect to receive your State Wide Vendor Number (SWV) within 3-5 business days.
2. Once your State Wide Vendor Number is established it will be sent to the email address provided on the Registration. (B.4 of step 2)
3. Once you receive your State Wide Vendor Number you will give it to the Washington State Agency who is issuing payment to you. Once the State Agency has your Statewide Vendor number payment will be released.
4. Please view our website for additional information and questions you may have.

[Receiving Payment from the State](#)