Substitute W9 & Vendor Direct Deposit Form (US taxpayers only, no Foreign Vendors)

	(US taxp	ayers only, no Foreign V	(US taxpayers only, no Foreign Vendors)			
С тамисс	Department Contact Requesting Vende	or Set up - Name:	Phone	ext		
Select a T	ransaction Type:	Does the Vendor ne	ed set up in Concur: \Box			
What typ	e of Funds will be use for the purchase	es with this vendor:				
VERSITY ORPUS	1	o be Completed by Ve	ndor			
IRISTI						
	endor Set up and Payee Informa	tion:				
ndividual/Company/E (Must match TIN)						
Taxpayer ID #:		or SSN – Individual/Sole Pro	prietor			
DBA Name (If Applicable	e):					
	ompany is a Certified HUB vendor □ Hu		and the former will be and the	ant and for an analysis		
	red with Texas A&M System or any of it: ner types of payments must go through			set up for an employee		
	Fax Type – Select all that apply:					
	etorship 🗆 C-Corporation 🛛 S-Corpora					
□Partnership – Enter tw	vo partner's names: (1)	Name: (2)		□ Trust/Estate □ Other		
□ Limited Liability Comp	pany. Enter the tax classification ($C = C$	corporation, S = S corporation,	P = Partnership): Enter Clas	ssification		
Exempt payee code (ir Required - Vendor/	f any) Exemption from FATCA repor Payee Contact Information:	ting code (if any) 🛛				
Name: (Print Name)		Phone:				
Please Provide an Email	for Orders:					
Vendor/Individual Remit to Address:		Order Address (For Business Entities Only):				
Mailing Address		Shipping Addre	SS			
City	State	City		State		
Zip Code		Zip Code				
Certification: Under Per	nalties of perjury, I certify that:					
	wn on this form is my correct taxpayer ider					
(IRS) that I am s	to backup withholding because: (a) I am ex ubject to backup withholding as a result of a p withholding, and			-		
•	or other US person (defined below), and					
	(s) entered on this form (if any) indicating t					
	You must cross out item 2 above if you have & dividends on your tax return. For real es			up withholding because you		
•	e does not require your consent to any prov			avoid backup withholdings.		
	ormation (Only US Banks Allowed):					
	eceive direct deposit. Prenote could take up forwarded to a financial institution out		if processed before the Prenot Acct Type: Checking			
Bank Name		Email for ACH Notificatio	,, ,	, <u> </u>		
		Account Number (max 17 characters):				
Bank Routing Number (
Members to deposit by electro	exas Government Code, I authorize the Comptrolle nic transfer payments owed to be by the State of T ayments in the financial institution & account desig	exas and if necessary, reversal entries a	and adjustments for any amounts de	eposited 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 ______ Date: _____ Date: _____ Date: _____

To be set up as a vendor, completed W-9 document must be sent back to the TAMU-CC department for upload into the master vendor system -If needing only Concur send to Vendorcare@tamucc.edu If you have any questions about this form contact Accounts Payable – TAMUCC 361-825-2780