



STATE OF WASHINGTON STATEWIDE VENDOR REGISTRATION & PAYMENT OPTIONS

Vendor Legal Name

Vendor Tax Identification Number

Business Name, if different from above - Vendor Doing Business As (DBA) Name

Contact Person

Payment / Direct Deposit Notification Address Line 1

Title

() - Ext.

Payment / Direct Deposit Notification Address Line 2

Telephone Number

() -

City

State

Zip + 4

Fax Number

E-mail Address to Send Direct Deposit Notification and electronic information

Primary Type of Services Provided

Payment Options:

Warrant/Check ACH/Direct Deposit (Complete information below)

Direct Deposit Information

() -

Financial Institution Name & Phone Number

Routing Number

Account Number

Checking Savings (Checking will be used if neither box is marked.)

Check here if these funds will be further credited/forwarded to an account outside the United States



routing number
is nine digits

account number
can vary in length

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for vendor 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.

Authorization Name on Account

Title

Authorization Signature on Account

Date

If completing this form in order to participate in the National Organic Cost Share Program, send form to:

Washington State Dept of Agriculture
Attn: Organic Food Program
PO Box 42560 (US Mail)
Olympia WA 98504-2560
Phone: 360-902-1805

SWV00

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See Page 2 for PRIVACY NOTICE

**INSTRUCTIONS FOR COMPLETING THE STATEWIDE VENDOR
REGISTRATION and PAYMENT OPTIONS FORM**

General Instructions: **Please type or print clearly.** Complete all fields that are applicable to your business. Complete and attach a Form W-9 (Request for Taxpayer Identification Number and Certification) to this form. You may also attach a voided check to assist in verifying your business bank account number. If you have questions about filling out the form, direct them to the Office of Financial Management at (360) 664-7779.

Field Name	Instructions
Vendor Legal Name	Enter the complete legal name of the entity (individual, partnership or corporation) as it appears on your federal tax forms.
Business Name Vendor Doing Business As (DBA) Name	Enter the complete business name of the entity if different from the Legal Name. If you have multiple DBA's associated with the Legal Name please provide a separate Statewide Vendor Registration and Payment Option Form for each business and/or location.
Payment/Direct Deposit Notification Address, City, State, Zip + 4	Enter the street address, city, state and zip code (including + 4 if known) of the location that payment information should be sent to. If you are paid by warrant/check, this is the address the warrant/check will be delivered.
E-mail Address -	If you are signing up for Direct Deposit and you prefer to receive notification of payment by e-mail, enter the e-mail address where the notification of payment should be sent. For larger organizations we recommend that a distribution list email is provided to ensure that this information is received and processed in a timely manner. If you are not signing up for Direct Deposit, please enter the e-mail address of the contact person (if available). This will be used only for general and individual correspondence.
Direct Deposit Notification Address	If you are paid by Direct Deposit but choose not to have an electronic notification e-mailed. Please ensure that the Payment Notification Address is complete. A paper copy of the Direct Deposit Notification/Remittance Advice including posting instructions and invoice details will be sent to this address.
Contact Person	Enter the name of the person to contact with any questions about payments. If you are an individual, you may leave this field blank.
Title	Enter the title of the contact person (if applicable).
Telephone Number	Enter the telephone number, including area code and extension, of the contact person (if applicable) or your business telephone number if you are an individual / sole proprietor.
Fax Number	Enter the fax number, including area code, of the contact person (if applicable) or your business fax number if you are an individual / sole proprietor.
Primary Type of Services Provided	Enter the main type of goods or services you provide to the State of Washington. (i.e., consulting services, property for rent/lease, office supplies, plumbing supplies, medical equipment, etc.)

The following information is required by the State of Washington to process ACH/Direct Deposit payments. The State of Washington urges all vendors to sign up for this payment option. The State of Washington currently makes direct deposit payments using the CCD (Cash Concentration or Disbursement) format and mails invoice / account information to vendors two days prior to the date of deposit.

Financial Institution Name & Phone Number	Enter the name of the financial institution (bank, credit union, savings & loan, etc.) where you want funds deposited.
Routing Number	The routing number is the 9-digit Bank Identification Number assigned by the American Banking Association. This is the financial institution into which funds will be transferred. To find the routing number assigned to your financial institution, look at the first 9 characters at the bottom of your check. If you are unsure, contact your financial institution.
Account Number / Type	The account number is the company or individual's bank account number into which funds will be transferred. Indicate by checking the box next to the type (checking or savings) of account into which you wish the funds to be deposited. NOTE: If neither checking nor savings is indicated, the funds will be deposited to the checking account.
Authorization Name on Account	PRINT the name of an individual from your business whose name and signature is on record at your financial institution as authorized to approve banking transactions.
Title	PRINT the title of the individual listed in the 'Authorization Name on Account' field.
Authorization Signature on Account	SIGNATURE of the individual listed in the 'Authorization Name on Account' field.
Date	Enter the date the form was signed.

PRIVACY STATEMENT: The information you provide on this form will be used to make electronic or warrant payments to you as a vendor and in any related investigations of a violation of federal or state laws. This information is not intended for use by the

State of Washington for any other purpose. Any information you provide (such as an individual's name, home address, home telephone number, social security number, bank or other financial account numbers) is a public record, and once it is provided may be protected from release under the Public Disclosure Act, Chapter 42.17 RCW. However, the information you provide may be disclosed if necessitated by legal processes such as subpoena or court order. If you believe information you provided is being used for a purpose other than what was intended when submitted, you should contact the Office of Financial Management at (360) 664-7779.