

Vendor # _____
Entered _____

VENDOR APPLICATION – SUBSTITUTE W-9 FORM – ACH ENROLLMENT

Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. The Internal Revenue Service (IRS) requires us to maintain the taxpayer identification number and certification for the purpose of reporting certain payments made to persons or companies not classified as employees. Failure to provide this information will result in a tax withholding of 28%. If you do not provide an accurate name and tax identification number as filed with the IRS, a penalty may be imposed by the IRS.

Please complete this substitute W-9 form and return it via fax or mail to the above location. We strictly follow confidentiality laws and use your tax information for our reporting purposes only.

Please be advised that failure to respond may cause a delay in the processing of your payments.

Submission of this form does not guarantee receipt of a request for quotation, invitation to bid or request for proposal. It is the vendor's responsibility to check the solicitation notices posted by the Finance Department.

New Enrollment Change Existing Enrollment

PART I

Vendor Information

Legal Business Name: _____ D/B/A: _____

Address: _____

TIN/SSN: _____ A/R Contact: _____

Phone #: _____ Fax #: _____

Business Type: Individual/Sole Proprietor Partnership Trust/estate
 (MUST choose one) C Corporation S Corporation
 Limited Liability Company (LLC) Enter the tax classification:
 (S=S corporation, C=C corporation, P=partnership) → _____
 Other → _____

Exempt Payee: Yes No

County Business License #, if applicable _____

List products or services supplied:

Persons to contact regarding bids, proposals, contracts or purchase orders

Name	Title	Phone	Fax

CERTIFICATION:

Under penalties 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).

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 have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature _____

Date _____

SEE REVERSE FOR ACH ENROLLMENT – MUST BE SIGNED

VENDOR APPLICATION – SUBSTITUTE W-9 – ACH ENROLLMENT FORM

PART II

ACH Enrollment - Bank Information

NOTE: Purchasing cards are the County's preferred method of payment. An ACH is a secondary form of payment utilized ONLY for vendors who do not accept purchasing cards.

There are unique processing requirements for electronic vendor payments that are being sent to a financial institution outside of the United States. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise the Frederick County Finance Department.

Financial Institution: _____

Bank ABA Routing Number:
(Specifically for ACH routing transactions)

Type of Account (choose one):

Checking Savings

Deposit Account #: _____

E-mail Address for Notice of Payment (required): _____

Accounts Receivable Contact Name: _____

Accounts Receivable Contact Phone Number: _____

NOTE: All information is required. Contact your bank if you have questions regarding the ABA Routing Number or Account Number for ACH payments.

I, the afore named Vendor, hereinafter called the Vendor, hereby authorize the County of Frederick, Virginia, hereinafter called the County, to initiate credit entries to my/our account for all vendor payments payable to me at the depository financial institution named above, hereinafter called the Depository, and to credit the same to such account. **If County funds to which the Vendor is not entitled are deposited in our account, I, the Vendor, authorize the County to direct the Depository to return those funds.** I, the Vendor, acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U. S. Law and the rules as set forth by the National Automated Clearing House Association (NACHA).

This authorization is to remain in full force and effect until the County has received a notice of termination from me, or a Vendor representative, in such time and in such manner, as to afford the County a reasonable opportunity to process this termination. I, the Vendor, further acknowledge that any remittance information associated with payments that I receive will be made available to me through a Notice of Payment sent by the County to the e-mail address designated by the Vendor.

I, the Vendor, agree it is the responsibility of the Vendor to notify the County should any changes occur with regard to account information or official e-mail addresses for advice delivery. In the event there is a change to any Vendor information (e.g., name, account number, ABA number, etc.) without prior notification to the County, the County is not liable for any direct deposit to an account that has been deactivated, transferred, or otherwise changed. In the event there is a change to a Vendor official e-mail address without prior notification to the County, the County is not liable for any advice deliveries to an e-mail address that been deactivated, transferred, or otherwise changed.

Under penalties of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief and that the applicant is not debarred to supply materials or services to any public agency. I also understand that it is my responsibility to update this information in the event that any changes occur. I certify that this vendor/individual is properly licensed for providing the goods/services specified.

Printed Authorized Name/Title: _____

Telephone # _____ Email _____

Authorized Signature: _____ Date: _____