

University of South Alabama

Purchasing

650 Clinic Drive, Suite 1400
Mobile, AL 36688-0002
(251) 460-6151 Fax (251) 414-8291

Accounts Payable

650 Clinic Drive, Suite 1400
Mobile, AL 36688-0002
(251) 460-6191 Fax (251) 461-1518

Substitute W-9

Complete this form and return it to the University Purchasing Department via fax, email, or mail. Vendors are required to use the exact legal name of their business

Name Business/Individual: _____

DBA (doing business as): _____
Business name, if different from individual or parent company name

Taxpayer Identification Number-Enter your TIN (if available) that corresponds to the name entered above. For individuals and single-member LLC's that are disregarded entities, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

_____ - _____ - _____ OR _____ - _____

Social Security Number

Employer Identification Number

***Check appropriate box for federal tax classification; check only one of the following boxes:**

Individual/Sole Proprietor or C Corporation S Corporation Partnership Govt. Agency
single member LLC (which is a disregarded entity)

Limited liability company (which is not a disregarded entity). Enter the tax classification (C=C corporation, S=S corporation, P=partnership): _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner is the owner of another LLC that is not disregarded from the owner for US tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (please explain) _____

Are you or any of the officers/members/owners of your organization related to a USA employee? Y N

If yes, list name(s) of employee(s) _____

Are you or any of the officers/members/owners currently or previously employed by USA? Y N

If yes, list position(s) held _____

For individuals, are you a US citizen? Y N If no, list country of citizenship _____

Order From/Solicitation Address:

Remit to Address:

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: _____ Phone: _____

PO Email: _____ Remit to Email: _____

Business Ownership: (Check the appropriate box)

Minority-owned Female-owned Disabled Veteran Other _____

Type of products/services provided: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____



University of South Alabama
Procurement Services - Authorization for Electronic Direct Deposit

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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*If the University already has your information and there have been no account changes, this form is not required

Section 1 – Vendor Information

Name (printed):	USA (J) Number:	Contact Name:
Street Address:		
City:	State:	Zip Code:
E-mail Address (for notification of direct deposit):		Phone Number:

Section 2 – New Financial Institution Information

Name:		
Street Address:		
City:	State:	Zip Code:
Exact Depositor Account Name:		
Nine-Digit Routing Transit Number:	Account Number:	

Section 3 – Existing Financial Institution Information (when requesting banking information change)

Name:		
Street Address:		
City:	State:	Zip Code:
Exact Depositor Account Name:		
Nine-Digit Routing Transit Number:	Account Number:	

Section 4 – Signature and Other Information

By submitting this form, I certify that the information provided on this form is correct and understand that I am responsible, upon receiving USA notification of deposit, for verifying with my bank that my account has been credited. I understand that expenditures made from my account without such verification will be made at my own risk. I agree to promptly notify the USA Purchasing and Accounts Payable Departments of changes in name, address, and/or account status. I authorize the financial institution named above to process the credit entries initiated by USA. I understand that this authorization remains in full force and effect while I am a vendor for USA unless USA receives my timely written to terminate or unless USA notifies me that EDD or my participation in EDD is to be terminated.	
Printed Name:	Title:
Authorized Signature:	Date:

*If we are making deposits on your behalf into a U.S. Bank institution and then the entire payment is transferred to an international bank, please contact the USA Accounts Payable department @ (251) 460-6191. Further information can be obtained at www.nacha.org

New Vendors: Complete and return this form to the USA department with which you are or plan to engage in business activities. Direct submissions to Accounts Payable or Purchasing will not be accepted.

Existing Vendors Requesting a Change: Please complete and return this form to the Purchasing Department via email or Purchasing Department, 650 Clinic Drive, TRP 3, Suite 1400, Mobile, AL 36688.