



BUSINESS SERVICES – VENDOR MAINTENANCE

1250 Siskiyou Blvd, Ashland, Oregon 97520
T 541-552-6574 | F 541-552-6573

Substitute W-9 & Direct Deposit Authorization Form

Complete this form if:

- 1) You are a U.S. entity (includes a resident alien); AND
- 2) You are a vendor that provides goods or services to Southern Oregon University

New Request	Update: (select from the following):	Tax ID# Vendor Type/MWESB	Contact Information Vendor Order Address	Vendor Payment Address Direct Deposit	Legal Name
LEGAL NAME of Vendor/Company/Entity (MUST match TIN below): _____					
Taxpayer Identification Number (TIN): _____		- OR -		SSN: _____	
Federal Tax I.D. Number			Social Security Number (Individuals & Sole Proprietors)		
DBA Name (if applicable): _____					
VENDOR CONTACT INFORMATION					
Name: _____		Title: _____			
Phone: _____		Fax: _____		E-mail: _____	
VENDOR TYPE – Select all that apply			MWESB – Select all that apply		
Sole Proprietorship Independent Contractor Partnership Qualified Rehabilitation Facility Non-Profit Limited Liability Company Local Government State of Oregon Federal Agency None of these Vendor Types Apply Incorporated			State Certified Self Certified Minority Business Enterprise Women Business Enterprise Emerging Small Business Disadvantaged Business Enterprise Not Applicable State Certification Number (if applicable) _____		
VENDOR PAYMENT ADDRESS (VP)			VENDOR ORDER ADDRESS (VO) Check if Order address is same as Payment		
Address _____			Address _____		
Street/PO Box _____			Street/PO Box _____		
Second Line _____			Second Line _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Direct Deposit Setup Information: All fields must be completed for direct deposit to begin, and a VOIDED CHECK is required.					
Bank Name: _____		E-mail for Direct Deposit Notification: _____			
Branch: _____		ABA Routing Number: _____		Account Number: _____	
CERTIFICATION			Direct Deposit Authorization and Agreement		
Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number (or I am willing for a number to be issued to me), and 2) 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 withholdings 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 3) I am a U.S. citizen or other U.S. person. 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.			I authorize Southern Oregon University (SOU) to initiate direct deposit of funds to the account and financial institution indicated above, and to recover funds deposited in error if necessary; in compliance with Oregon and U.S. Law, and Automatic Clearing House (ACH) rules. I understand that: 1) It is my responsibility to provide accurate and current banking information. Notification of direct deposits will be by e-mail; and it's my responsibility to provide valid e-mail address. 2) It's my responsibility to verify payment has been credited to my account, and that SOU assumes no liabilities for overdraft for any reason. 3) This authorization will remain in effect until: a) a written request is received from a vendor officer to change or terminate direct deposit agreements; b) notification is sent by my bank that the account is no longer valid; c) two (2) years after last activity with SOU.		
Signature _____		Date _____			
Printed Name / Title: _____		Signature _____		Date _____	
Send completed form and voided check to:		Mail: Southern Oregon University Business Services, Vendor Maintenance 1250 Siskiyou Blvd Ashland, Oregon 97520		OR Fax: (541) 552-6573	
(DO NOT SEND BANK INFORMATION BY E-MAIL)				Questions: (541) 552-8528	

Office Use Only
Verification: _____ By: _____

Manager Signature: _____

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Instructions

Be sure to complete the appropriate form (see below)

Vendors that meet the following must complete this Substitute W-9 Form:

- 1) You are a U.S. entity (including a resident alien); **AND**
- 2) You are a vendor that provides goods or services to Southern Oregon University; **AND**
- 3) You will receive payment from Southern Oregon University.

Vendors that are a Foreign Alien or Entity may need to complete a W-8 Form. Instructions and forms may be found at:

<http://www.irs.gov/formspubs/index.html?portlet=103M> . Do not use this Substitute W-9 form if you are a Foreign Alien or Entity.

Instructions for completing this form:

Prior to Southern Oregon University issuing a purchase order or payment to you, we require a completed SOU Substitute W-9 Form to be on file with the University. The SOU Substitute W-9 is used to obtain your W-9 information as well as any minority-owned, women-owned, small emerging business and disadvantaged (MWESB) status.

Although the information on this form may be similar to what is typically provided on an IRS W-9 Form, an IRS W-9 Form may not be submitted in lieu of this SOU Substitute W-9 Form.

Due to the confidential information requested; the form must be mailed or faxed as directed at the bottom of this page. Vendors must complete all sections of this form (ACH optional, but strongly encouraged). Please fill out this fill-able PDF electronically using Adobe Reader then print and sign.

- 1) Select *New Request* or *Update*. If *Update*, please fill in Vendor ID Number if known.
- 2) Enter your entity's Legal Name as found on your IRS documents and the corresponding Taxpayer ID Number.
- 3) If operating as a DBA, enter the name in the DBA field, otherwise leave blank.
- 4) Enter your entity's *Contact Information*.
- 5) Select all that apply for the *Vendor Type* and *MWESB* Sections.
- 6) Enter your entity's *Payment Address* and *Order Address*.
- 7) Check the box in the *Payment Address* section to make it your entities default address.
- 8) If the *Order Address* is the same as your *Payment Address* check the box above the *Order Address* section.
- 9) For *direct deposit* setup, enter your entity's information. Both saving and checking accounts are accepted; however no foreign banks are allowed. Payment notifications will be sent to the e-mail you provide in the *E-mail for Direct Deposit Notification* field.
- 10) A company officer must sign the *W-9 Certification*. Print officer name and title below signature.
- 11) A company officer must sign the *Direct Deposit Authorization and Agreement*. Print officer name and title below signature.
- 12) Send completed form to address at bottom of form.

Send the completed form to:

Southern Oregon University
Business Services, Vendor Maintenance
1250 Siskiyou Blvd
Ashland Oregon 97520
FAX (541)552-6573

To protect your information, do not return this form by e-mail.

Need help? Contact Vendor Maintenance at 541-552-8528