



# 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
<b>LEGAL NAME</b> of Vendor/Company/Entity (MUST match TIN below): _____					
Taxpayer Identification Number (TIN): _____ - OR - SSN: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Federal Tax I.D. Number</span> <span>Social Security Number (Individuals &amp; Sole Proprietors)</span> </div>					
DBA Name (if applicable): _____					
<b>VENDOR CONTACT INFORMATION</b>					
Name: _____ Title: _____					
Phone: _____ Fax: _____ E-mail: _____					
<b>VENDOR TYPE</b> – Select all that apply			<b>MWESB</b> – Select all that apply		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Agency <input type="checkbox"/> Incorporated			<input type="checkbox"/> Independent Contractor <input type="checkbox"/> Qualified Rehabilitation Facility <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> State of Oregon <input type="checkbox"/> None of these Vendor Types Apply		
			<input type="checkbox"/> State Certified <input type="checkbox"/> Self Certified <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women Business Enterprise <input type="checkbox"/> Emerging Small Business <input type="checkbox"/> Disadvantaged Business Enterprise <input type="checkbox"/> Not Applicable State Certification Number (if applicable) _____		
<b>VENDOR PAYMENT ADDRESS (VP)</b>			<b>VENDOR ORDER ADDRESS (VO)</b> <input type="checkbox"/> Check if Order address is same as Payment		
Address _____					
Street/PO Box _____ Street/PO Box _____					
Second Line _____ Second Line _____					
City _____ State _____ Zip _____ City _____ State _____ Zip _____					
<b>Direct Deposit Setup Information:</b> All fields must be completed for direct deposit to begin, and a <b>VOIDED CHECK</b> is required.					
Bank Name: _____ E-mail for Direct Deposit Notification: _____					
Branch: _____ ABA Routing Number: _____ Account Number: _____					
<b>CERTIFICATION</b>			<b>Direct Deposit Authorization and Agreement</b>		
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 _____			Signature _____ Date _____		
Printed Name / Title: _____					
Send completed form and voided check to: <b>Mail:</b> Southern Oregon University Business Services, Vendor Maintenance 1250 Siskiyou Blvd Ashland, Oregon 97520			<b>OR Fax:</b> (541) 552-6573  Questions: (541) 552-8528		
<b>DO NOT SEND BY E-MAIL</b> (E-mailed forms will be rejected)					

Office Use Only  
Verification: \_\_\_\_\_ By: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

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- 2) You are a vendor that provides goods or services to Southern Oregon University

### 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. Information received by e-mail will not be accepted.

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