

PLEASE
DO NOT
STAPLE

Statewide Payee Registration Washington State

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

- NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)
- CHANGE to EXISTING REGISTRATION** – complete the **ENTIRE** form and check below what is updated:
- Business Name/DBA Business Address Contact Information Bank, Routing or Account Numbers Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV:** _____ - _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms	EIN or SSN for the Legal Name at left
Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name	Contact Person
Mailing Address for us to send notifications or payments – PO Box or Street Address	Title of Contact person
Mailing Address – Suite or Office Number	() - Ext.
City _____ State _____ Zip + 4 _____	Telephone Number for Contact Person
Email for us to use ONLY to send you notifications about your account _____	() - Fax Number for Contact Person
Primary Business _____	

STEP 3: Select Payment Option:

- Direct Deposit to bank (recommended) or Check in US mail

STEP 4: For Direct Deposit, complete all fields below and sign

() -

Financial Institution Name – must be a US institution	Financial Institution Phone Number
Routing Number – see example at right	Account Number – see example at right

You may also attach a voided check if you are unsure which number to enter above

Account Type: Checking or Savings (Checking will be used if neither box is marked.)



Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee 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
SIGNATURE of Authorization Name on Account	Date

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification																																				
1. Legal Name (as shown on your income tax return)																																					
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name																																					
3. Check ONLY ONE box below (see W-9 instructions for additional information)																																					
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp																																				
<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Volunteer <input type="checkbox"/> Board /Committee Member																																				
<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (including tribal)	<input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate																																				
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal																																					
5. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)																																					
6. Address (number, street, and apt. or suite no.)	For office use																																				
7. City, state, and ZIP code																																					
7. Taxpayer Identification Number (TIN) Enter your EIN <u>OR</u> SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). <i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i>																																					
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8. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> • 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). <i>(For additional information about the W-9 see the W-9 Instructions.)</i>																																					
SIGNATURE of U.S. PERSON	Date																																				

STEP 6: Submit

For fastest service, PRINT, SIGN, SCAN and EMAIL to PayeeForms@ofm.wa.gov

If you do not have scanning ability, you may fax to: 360-664-3363

or mail to: Statewide Payee Desk PO Box 41434 Olympia, WA 98504-1434