

BAY COUNTY VENDOR SET UP REQUEST

Return completed form to: Bay County Purchasing
515 Center Avenue, Suite 701, Bay City MI 48708

Bay County Use Only Vendor No.: _____
Review Date: _____ Reviewer's Initials: _____
1099: Yes ☐ No ☐
1099: ☐ 3-Per Diem ☐ 6-Medical ☐ 7-Atty/Non-Employee Comp

INSTRUCTIONS: Bay County Vendor Set Up Request form is in three (3) parts.

Page 1 of 3: **MANDATORY** - Includes vendor identification, W-9, and contact information.

Page 2 of 3: **OPTIONAL** - Electronic Payment Set Up Request. Not available to one-time vendors.

Page 3 of 3: **MANDATORY** - W-9 form. Only exception, one-time vendors.

An incomplete form will NOT be processed.

Requesting Department or Contact Name: _____

Authorized Department Signature: _____ Date: _____

New vendor? Yes ☐ No ☐ Unsure ☐ If no, vendor number: _____

One-time vendor? Yes ☐ No ☐ Unsure ☐

If one time vendor, SKIP SECTION I and Contact Person fields below.

If restitution or refund payment, select one box only and SKIP SECTION I.

Refund payment? Yes ☐ Restitution? Yes ☐

Bay County employee? Yes ☐ No ☐

Information change only? Yes ☐ If yes, fill out information change(s) only. Check ☐ next to change, below.

SECTION I

Please provide one: SSN _____ - _____ - _____ Federal ID: _____ - _____

Incorporated? Yes ☐ No ☐

What goods or services will you provide to Bay County?

☐ Service: _____

☐ Product/Supply: _____

☐ Attorney/Medical: _____

☐ Vendor Name: _____

☐ DBA: _____ ☐ Not applicable.

☐ Contact Person Phone: _____ ☐ Fax: _____

☐ Contact Person Email: _____ ***

☐ Vendor Address: _____

☐ Vendor Payment Address, if different from above: _____

☐ ***Optional - Email to receive purchase orders electronically: _____

BAY COUNTY VENDOR ELECTRONIC PAYMENT SET UP REQUEST

Return completed form to: Bay County Purchasing, 515 Center Avenue, Suite 801, Bay City MI 48708

INSTRUCTIONS: Bay County Vendor Set Up Request form is in three (3) parts.

Page 1 of 3: **MANDATORY** – Includes vendor identification, W-9, and contact information.

Page 2 of 3: **OPTIONAL** - Electronic Payment Set Up Request. Not available to one-time vendors.

Page 3 of 3: **MANDATORY** - W-9 form. Only exception, one-time vendors.

An incomplete form will NOT be processed.

Vendor /Company Name: _____

Date: _____ Vendor number, if known.: _____ Bay County Employee ☐ Skip Vendor Contact below

Financial Institution Name: _____

Financial Institution Address: _____

Account Type: ☐ Checking ☐ Savings

Bank Routing Number: _____

Your bank will have this information.

Account No.: _____

Email Address to Receive Deposit Advice: _____

Vendor /Company Contact Name: _____

Vendor /Company Contact Phone: _____ Fax: _____

The above listed company (Company) sells goods and/or services to Bay County located in Bay City, Michigan. Bay County desires to make payments for such goods and/or services electronically through the ACH Network. COMPANY agrees to grant such flexibility.

Therefore, COMPANY hereby (1) authorizes Bay County to make payments for goods and/or services by ACH, (2) certifies that it has selected the stated depository financial institution, and (3) directs that all such payments be made as provided above.

COMPANY understands that you (Bay County) will verify the information provided above and, in the absence of a discrepancy or other unusual circumstances will begin the direct deposit of payments for goods and/or services within 15 days of your receipt of this form. In the event of a discrepancy, COMPANY understands that COMPANY will be required to provide corrected information by completing a new form. COMPANY acknowledges and agrees that the terms and conditions of all agreements with Bay County concerning the method and timing of payments for goods and/or services shall be amended as provided herein.

COMPANY will give thirty (30) days advanced written notice to Bay County of any changes in depository financial institution or other payment instructions.

Authorized Signature: _____

Print Name and Title: _____ Date: _____

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such a time and in such a manner as to afford you and my financial institution a reasonable opportunity to act on it.

COMPANY hereby discharges Bay County from all liability whatsoever for any actions taken by Bay County in accordance with the above.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. 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
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 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
3. I am a U.S. citizen or other U.S. person (defined below).

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. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,