

**BAY COUNTY VENDOR SET UP REQUEST**

Return completed form to: Bay County Purchasing  
515 Center Avenue, Suite 701,  
Bay City MI 48708  
Fax: 989-895-4178

**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  
 Not on Debarment Suspension List

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

**All three parts are MANDATORY**

Page 1 of 3: - **Includes vendor identification and contact information.**

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

Page 3 of 3: - **W-9 form.**

**An incomplete form will NOT be processed.**

**THIS SECTION IS TO BE COMPLETED BY THE BAY COUNTY DEPARTMENT REQUESTING THIS VENDOR SET-UP**

Requesting Department or Contact Name: \_\_\_\_\_  
Authorized Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
New vendor? Yes  No  Unsure  If no, vendor number: \_\_\_\_\_  
One-time vendor? Yes  No  Unsure   
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.**

**\*\*THIS SECTION MUST BE COMPLETED BEFORE THE VENDOR WILL BE SET-UP**

**DUNS Number:** \_\_\_\_\_  Not applicable  
 **Service:** \_\_\_\_\_  
 **Product/Supply:** \_\_\_\_\_  
 **Attorney**  **Medical**  **Not Applicable**

Vendor Name: \_\_\_\_\_

DBA: \_\_\_\_\_  Not applicable.

Contact Person Name: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_  Fax: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Payment Address, if different from above: \_\_\_\_\_

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 701  
Bay City, MI 48708  
FAX: 989-895-4178

Vendor /Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Vendor number, if known: \_\_\_\_\_ Bay County Employee

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.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b>	Business name/disregarded entity name, if different from above	
<b>3</b>	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal 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.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b>
		Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b>	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b>	City, state, and ZIP code	<b>Bay County - Purchasing Department</b> <b>515 Center Ave., Suite 701</b> <b>Bay City, Michigan 48708</b>
<b>7</b>	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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-				-					

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*