



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN		*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE		*TYPE OF ENTITY	
		Corporation Sole Proprietor Individual	
		State Employee Other _____	
COMMENTS		* NEW TO DOING BUSINESS WITH THE STATE OF MISSOURI?	
		YES NO	
		* IF NO, UPDATING EXISTING INFORMATION?	
TO BE COMPLETED BY FINANCIAL INSTITUTION		I HAVE RECEIVED A PAYMENT FROM THE STATE OF MISSOURI WITHIN THE LAST 22 MONTHS?	
		YES NO	
		DATE OF CHANGE	
NAME/ADDRESS OF FINANCIAL INSTITUTION		PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
DEPOSITOR ROUTING NUMBER		PREVIOUS NAME	
DEPOSITOR ACCOUNT NUMBER		PREVIOUS ADDRESS	
NAME ON ACCOUNT		HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES?	
TYPE OF ACCOUNT		YES NO	
CHECKING SAVINGS		IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?	
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION		YES NO	
PRINT NAME		I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.	
TITLE		This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.	
TELEPHONE NUMBER	DATE	I (We) hereby cancel my (our) ACH/EFT authorization.	
*TELEPHONE		*VENDOR SIGNATURE	
*DATE		X	
CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)		*PRINT NAME	
Under penalties of perjury, I certify that:		*TITLE	
I. 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		EMAIL ADDRESS	
II. 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		TELEPHONE	
III. I am a U.S. person (including a U.S. resident alien).		DATE	
Certification instructions. You must cross out item II 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 all real estate transactions, item II 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 W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		SIGNATURE	

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES.

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

If you are new to doing business with the state, please check yes. If you've done business with the State of Missouri before, please check no.

If you checked no on the question above, are you updating existing information in our system? If you checked yes on the question above, please move to the next question.

Wet signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

ADDITIONAL INFORMATION

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section. This must be a wet signature.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.