



### New Supplier W-9 Form

Federal law requires that we have on file a W-9 form with the Employer ID number or Social Security number and signature for each person to whom the University makes payment. **Please return this form (two pages) to the address above or email to [northeastsare@uvm.edu](mailto:northeastsare@uvm.edu) using UVM's secure file sharing service at <https://filetransfer.uvm.edu/>.**

We require either the individual's name/Social Security number OR the company's name/Federal Employer ID number, as they appear on your income tax return.

**PLEASE PRINT LEGIBLY. FORM MUST BE COMPLETE TO BE PROCESSED.**

<b>Name</b> (As shown on your income tax return)		
<b>Business Name</b> (if different from above)		
<b>Federal EIN <u>OR</u> Social Security #</b>		
Check only <b>ONE</b> federal tax classification: <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"/> Non-Profit Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Limited Liability Company* If you checked Limited Liability Company you <b>MUST</b> enter tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____		
<b>EXEMPTIONS</b> <small>Codes apply only to certain entities, not individuals FATCA applies to accounts maintained outside the US</small>	<b>Exempt Payee Code</b> (if any)	<b>Exempt from FATCA reporting code</b> (if any)
	<b>Address to send PURCHASE ORDER:</b>	<b>Address to send INVOICE PAYMENTS:</b>
<b>Street Address</b>		
<b>PO Box</b>		
<b>City</b>		
<b>State, Zip</b>		
<b>Contact Name</b>		
<b>Website</b>		
<b>Contact E-mail Address</b>		
<b>Contact Phone Number</b>	( )	( )
<b>Where will work be performed?</b>	Supplier location _____ Vermont _____ Other _____	
Please check if your company supplies: _____ Medical/Health Services _____ Legal Services		
Would you be willing to accept payment via credit card (VISA)? (Please circle) YES or NO		
Business Classification: (Please circle) LARGE or SMALL or MINORITY If Small Business, please circle if 51% or more of your company is owned by: WOMEN or VETERAN or DISADVANTAGED		
<b>University of Vermont's payment terms are Net 30</b>		

**Certification:** Under penalties of perjury, I certify that: (1) The number shown above is my correct taxpayer identification number; (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 IRS that I am subject to backup withholding; (3) I am a U.S. person (including a U.S. resident alien); (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

<b>SIGNATURE</b>	<b>DATE</b>
<b>Name</b>	<b>Title</b>

FEDERAL LAW REQUIRES THAT YOU PROVIDE US WITH AN ACCURATE REPLY  
The IRS may impose a penalty of up to \$500 for non-compliance or for supplying false information.



### ACH SUPPLIER PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) supplier payments. Please provide us with the information below to accept the Automated Clearing House (ACH) electronic funds transfer. Send secure email through <https://filetransfer.uvm.edu/>

<b>NAME</b> , as shown on W9			
<b>Bank Name</b>			
<b>Bank Address</b>			
<b>Routing Number (9 digits)</b>	_ _ _ _ _		
<b>Account Name</b>			
<b>Account Number</b>	_____		
	Check One: <input type="checkbox"/> <b>Checking Account</b> <input type="checkbox"/> <b>Savings Account</b>		
	<b>NAME</b>	<b>PHONE NUMBER</b>	<b>E-mail address</b>
<b>Contact Person at the Bank</b>			
<b>Supplier Account Receivables</b>		(    )	

I authorize the University of Vermont’s Disbursement Center to electronically transfer my supplier payment via ACH to the financial institution designated above. I certify that the ACH payment is being made to a domestic financial institution and will not be transferred in its entirety to a foreign institution as part of a back-to-back transaction.

**At this time NO remittance will be received with ACH Payments.**

<b>SIGNATURE</b>	<b>DATE</b>
<b>Name</b>	<b>Title</b>

**Fill out below only if electronic funds received are transferred out of the U.S.**

**OFAC Compliance Form for Supplier Payments**

As a US entity, the University of Vermont is obligated to comply with the requirements of the United States Department of Treasury Office of Foreign Assets Control (OFAC), which oversees payments sent outside the territorial jurisdiction of the United States. This includes automated clearing house (ACH) payments, such as electronic supplier payments.

Effective with NACHA rules that were implemented September 18, 2009, the University is obligated to identify as an “International ACH Transaction” (IAT) any electronic supplier payment that is (1) made by the University to a financial institution located outside the U.S., or (2) made by the University to a domestic financial institution if that financial institution immediately transfers the full electronic payment amount to a financial institution outside of the U.S. in a “back-to-back” transaction.

If you elect to receive your payment from the University via an ACH transaction and think you are affected by these IAT requirements, please fill out the information requested below. You will be contacted regarding an alternative method of payment.

Yes, I do electronically transfer all of the funds received via electronic payment to another financial institution outside the U.S. in a “back-to-back” transaction.

<b>SIGNATURE</b>	<b>DATE</b>
<b>Name</b>	<b>Title</b>