

## W-9 Substitute & Vendor Payment Form

**Name (As Shown on Your Income Tax Return)**

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**Address**

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**Taxpayer Information (Check One)**

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|---|--|--|
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> LLC Corporation   | <input type="checkbox"/> Trust/Estate                                  |
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> LLC S Corporation | <input type="checkbox"/> Other (Non-Profit, etc.) <input type="text"/> |
| <input type="checkbox"/> Partnership                | <input type="checkbox"/> LLC Partnership   |  |

**Tax Information**

FEDERAL TAX ID:

Social Security #

OR

Employee Identification #

**Legal Name as it Appears with Federal TIN**

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**If Sole Proprietor Using SSN for Business, Please List Legal Name**

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**Certification**

- 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 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. citizen or other U.S. person (defined below) (For further information see [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf))

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.

**Signature of U.S. Person**

**Date**

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**PAYMENT METHOD (Select One):**

\*ACH (Direct Deposit)

Check

**Payee/Company Information**

Contact Person's Name	Title	
Contact Person's Email	Phone	Fax

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**\*PLEASE COMPLETE BELOW FOR ACH**

<b>Bank</b>	<b>Branch</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Bank Routing Number</b>	<b>Account Number</b>	
<b>Account Type (Check One)</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<i>I hereby authorize Pacific Lutheran University to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entries in error to the account listed above. I acknowledge that I will personally need to contact the Pacific Lutheran University Business Office in writing to rescind this authorization. Furthermore, failure to notify the Business Office of an account change will result in delay of payment.</i>		
<b>Authorized Signature</b>	<b>Date</b>	

# Pacific Lutheran University

## ACH Authorization Agreement & Enrollment for Direct Deposit

<p>Pacific Lutheran University Attn: Business Office - Accounts Payable 12180 Park Ave S Tacoma, Washington 98447-0003</p>	<p>After completing the form, return it <u>one</u> the following ways:</p> <ol style="list-style-type: none"><li>1. Fax: (253) 536-5079</li><li>2. U.S. Mail to the address on left (If refolded properly, the address listed to the left will show in a No. 10 window envelope.)</li></ol>
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### Important Notice Regarding ACH Direct Deposit

Pacific Lutheran University offers payments to vendors and other payees by means of ACH direct deposit in lieu of issuing physical checks. The deposit to your bank or financial institution account is effective on Fridays and a remittance advice will be emailed to you on Thursdays.

Please take a few minutes to complete the enclosed ACH authorization and enrollment form enclosed with this notice. **NEVER** send confidential information such as Social Security numbers, bank account numbers, etc. via email. Please utilize our fax machine number or U.S. mail, as outlined above.

By signing the enclosed form, you authorize Pacific Lutheran University to initiate ACH deposits to the checking or savings account indicated at the financial institution of your choice. In the event of overpayment to this bank account, you authorize PLU to make an adjusting debit entry to the account up to the amount of the overpayment.

You may revoke or cancel this authorization and enrollment by notifying PLU in writing at least fifteen (15) days prior to termination. **Any change to the bank account or financial institution will require a new ACH Authorization and Enrollment form.** Failure to notify PLU's Business Office of an account change will result in delay of payment.

Further, you agree to **not** hold PLU responsible for any delay or loss of funds due to incorrect information supplied by the payee, or due to an error on the part of the payee's financial institution in depositing funds to your account.