

Business Office
Accounts Payable
12180 Park Ave S.
Tacoma, WA 98447
(253) 535-7171/Fax: (253) 536-5079
acctspay@plu.edu



W9 Substitute & Vendor Payment Form

Name (as shown on your income tax return)

Address

Taxpayer Information (please check)

- Corporation LLC Corporation Trust/estate
 Individual/Sole Proprietor LLC S Corporation Other (see instructions)
 Partnership LLC Partnership

Tax Information (please complete all applicable fields)

Federal tax ID number or

Legal name as appears with Federal TIN

If sole proprietor using SSN for business, please list legal name

Certification

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) (For further information see 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

Payment Options (please check type(s) of payments your company accepts)

- Credit Card ACH (Direct deposit to your bank account) Check

Payee/Company Information

Contact person's name Title

Contact person's email Phone Fax

ACH email (ACH payment advice will be sent to this address)

Please complete below if ACH Requested

Bank name Branch

City State Zip Code

Depositor account number Bank Routing number (nine digits)

Type of account (check one) Checking Savings

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. Further, failure to notify the Business Office of an account change will delay payment.

Authorized Signature Date

Print Name Title