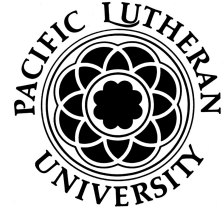


Business Office  
Accounts Payable  
12180 Park Ave S.  
Tacoma, WA 98447  
(253) 535-7171/Fax: (253) 536-5079  
acctspay@plu.edu



## 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  Social Security Number  or  Employee Identification Number

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](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

### 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