

PLEASE  
DO NOT  
STAPLE

# Statewide Payee Registration Washington State

## STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

- NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)
- CHANGE to EXISTING REGISTRATION** – complete the **ENTIRE** form and check below what is updated:
- Business Name/DBA    Business Address    Contact Information    Bank, Routing or Account Numbers    Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV:** \_\_\_\_\_ - \_\_\_\_\_

## STEP 2: Enter information about the payee and contact person

_____ Legal Name of Payee as it appears on federal tax forms			_____ EIN or SSN for the Legal Name at left		
_____ Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name			_____ Contact Person		
_____ Mailing Address for us to send notifications or payments – PO Box or Street Address			_____ Title of Contact person		
_____ Mailing Address – Suite or Office Number			(   )   -   Ext.		
_____ City			_____ Telephone Number for Contact Person		
_____ State			(   )   -		
_____ Zip + 4			_____ Fax Number for Contact Person		
_____ Email for us to use ONLY to send you notifications about your account			_____ Primary Business		

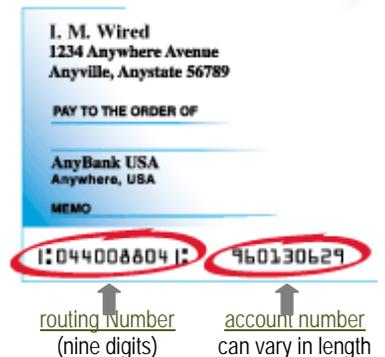
## STEP 3: Select Payment Option:

- Direct Deposit to bank (recommended) or  Check in US mail

## STEP 4: For Direct Deposit, complete all fields below and sign

_____ Financial Institution Name – must be a US institution		(   )   -	
_____ Routing Number – see example at right		_____ Financial Institution Phone Number	
_____ You may also attach a voided check if you are unsure which number to enter above		_____ Account Number – see example at right	

Account Type:  Checking or  Savings (Checking will be used if neither box is marked.)



### Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

_____ Authorization Name on Account		_____ Title	
_____ SIGNATURE of Authorization Name on Account		_____ Date	

**STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)**

Substitute Form <b>W-9</b>	<b>Request for Taxpayer Identification Number and Certification</b>																						
1. Legal Name (as shown on your income tax return)																							
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name																							
<b>3. Check ONLY ONE box below (see W-9 instructions for additional information)</b>																							
<input type="checkbox"/> Individual or Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC filing as Corporation	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Local Government	<input type="checkbox"/> Tax-exempt organization																		
<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC filing as Partnership	<input type="checkbox"/> Volunteer	<input type="checkbox"/> State Government	<input type="checkbox"/> Exempt payee																		
		<input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Board /Committee Member	<input type="checkbox"/> Federal Government (including tribal)	<input type="checkbox"/> Trust/Estate																		
<b>4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:</b>																							
<input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal																							
5. Address (number, street, and apt. or suite no.)				For office use																			
6. City, state, and ZIP code																							
<b>7. Taxpayer Identification Number (TIN)</b>																							
<b>Enter your EIN OR SSN in the appropriate box to the right (do not enter both)</b>																							
For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).																							
<b>OR</b>																							
<i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align:center;">Social security number</td></tr> <tr><td style="width:33.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td></tr> </table>						Social security number																	
Social security number																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align:center;">Employer identification number</td></tr> <tr><td style="width:33.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td><td style="width:3.33%;"></td></tr> </table>						Employer identification number																	
Employer identification number																							
<b>8. Certification</b>																							
Under penalty of perjury, I certify that:																							
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• I am a U.S. person (including a U.S. resident alien).</li> </ul>																							
<i>(For additional information about the W-9 see the W-9 Instructions.)</i>																							
<b>SIGNATURE of U.S. PERSON</b>					Date																		

**STEP 6: Submit**

For fastest service, PRINT, SIGN, SCAN and EMAIL to [EricksSh@wsdot.wa.gov](mailto:EricksSh@wsdot.wa.gov) or ~~[PayeeForms@orn.wa.gov](mailto:PayeeForms@orn.wa.gov)~~

If you do not have scanning ability, you may fax to: ~~800-66X-3368~~ 206-515-3906  
or mail to: Statewide Payee Desk PO Box 43113 Olympia, WA 98504-3113