



Vendor Information Form

(Revised 10-2021)

UNIVERSITY USE ONLY

New Vendor Update Vendor Info

Banner Vendor #: _____

This form must be submitted with a **completed IRS W-9 or W-8BEN (for foreign entities)** form from the vendor. If a completed W-9/W8 is not received, your company will not be added to the University database. Your failure to provide a correct name and Employer Identification Number may subject your payments to a 28% federal income tax withholding.

Links to IRS W-9 and W-8 documents: <http://irs.gov/pub/irs-pdf/fw9.pdf> <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Mail or fax completed forms to:

University of Central Missouri Procurement 415 E Clark Street, Suite 118 Warrensburg, MO 64093	Phone Number: (660)543-4001 Fax Number: (660)543-8345 Email: procurement@ucmo.edu
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Payment Terms are Net 30, unless otherwise stated and agreed to by the University.

Signature*:		Date:
Printed Name:	Title:	
* I Certify that I have carefully examined this form and I have determined that to the best of my knowledge and belief, the information provided is complete and accurate.		

Legal name of company or business: _____
 (Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business, the name of the owner of the business is required.)
 Company "commonly known as" Name, if different from above, i.e. DBA: _____

Purchase Orders Mailing Address: Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____ E-Mail Address: _____ Phone: _____ Fax: _____ Contact Name: _____ Please indicate preferred method of purchase order receipt _____ FAX _____ EMAIL	Payment/Remit Address: Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____ E-Mail Address: _____ Phone: _____ Fax: _____ Contact Name: _____
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Vendor Ownership Type: Please check all that apply

Minority, Female, Person with Disability Owned Business (This business must be at least 51% owned and controlled by one or more individuals who are minority, female, or a person with disabilities).

____ Minority Owned ____ Small Business ____ State Contract ____ Veteran Owned ____ Women Owned

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you or any Officer, Owner or Partner in this company an employee of University of Central Missouri?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any family members employees of University of Central Missouri? If yes, please state who: _____

University of Central Missouri ACH Payment Agreement Form

Initial Enrollment Modify/Update

Vendor Name:

UCM Vendor Number:

Declaration:

I (we) hereby authorize **University of Central Missouri** (hereafter UCM) to initiate ACH automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize **UCM** to make necessary debit adjustments in the event a credit entry is made in error.

Further, I agree not to hold **UCM** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my institution or due to an error on the part of my financial institution in depositing funds into my (our) account. I will notify UCM immediately of any changes made to my checking account.

This agreement will remain in effect until **UCM** receives written notification of cancellation from me or my financial institution. Upon receipt of notice, I understand **UCM** will need 72 hours to comply with the request and interim deposits may occur.

Vendor Information:

Remit Phone Number:

Remit Fax Number:

Remit Email Address:

Vendor Banking Information:

Name of Financial Institution:

Branch / State:

Routing Number:

Checking Account Number:

Vendor Authorization:

Name:

Title:

Authorized Signature: _____ Date: _____

Please attach a VOIDED check or deposit slip to verify bank details and routing number.

This form must be returned to:

University of Central Missouri
Accounts Payable
Administration Bldg 316
Warrensburg, MO 64093
Or e-mail to accountspayable@ucmo.edu