

PLEASE
DO NOT
STAPLE

Statewide Payee Registration Washington State - SSPS

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

NEW REGISTRATION

CHANGE to EXISTING REGISTRATION – complete the ENTIRE form and check below what is updated:

Bank Account Address Email Phone Number Name Change

Completed W9 Required along with Registration Form

STEP 2: Enter Information about the Payee and Contact Person

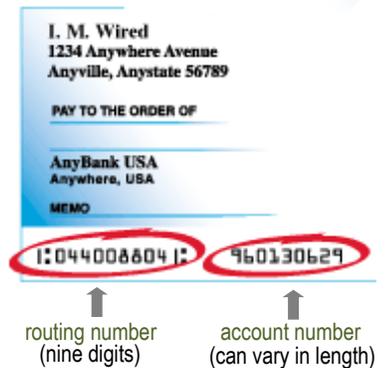
_____	3000 / SSPS /
Legal Name of Payee as it appears on federal tax forms (see W-9)	Agy# / System / Provider #

Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name	

Mailing Address	SSN OR EIN
_____	() - Ext.
City, ST and Zip Code	Phone Number
_____	() -
Email to receive Statewide Vendor Number and payment notifications	Fax Number

STEP 3: For Direct Deposit, complete all fields below and sign

_____	() -
Financial Institution Name – must be a US institution	Financial Institution Phone Number
_____	_____
Routing Number – see example at right	Account Number – see example at right
In addition to providing your banking information on this form, you may also attach a voided check.	
Account Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Checking will be used if neither box is marked.)	



Authorization for Direct Deposit:

I hereby authorize and request Consolidated Technology Services (CTS) 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, CTS 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, CTS will notify this office of the error and the reason for the reversal. This authority will continue until such time CTS and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

_____ PRINTED NAME of Authorization Name on Account

_____ SIGNATURE of Authorization Name on Account

_____ Date



Don't forget to also complete the Required W9 Form!

SWV # _____

You can visit our website at www.dshs.wa.gov/ssps
Click on Direct Deposit for additional information, or call (360) 664-6161

For Office Use Only

STEP 4: Complete and sign the request for taxpayer identification number (W9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification
1. Legal Name (as shown on your income tax return)	
2. Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name	
3. Check ONLY ONE box below (see W-9 instructions for additional information)	
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp
<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Local Government <input type="checkbox"/> State Government
<input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Federal Government (including tribal)	
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:	
<input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	
5. If exempt from backup withholding, check here: <input type="checkbox"/>	
6. Address (number, street, and apt. or suite no.)	For office use: SSPS Provider #
7. City, state, and ZIP code	
8. Taxpayer Identification Number (TIN)	
Enter your EIN OR SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).	
	<div style="border: 1px solid black; padding: 5px; text-align: center; color: blue;">Social security number</div>
	OR
	<div style="border: 1px solid black; padding: 5px; text-align: center; color: blue;">Employer identification number</div>
<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>	
9. Certification	
Under penalty of perjury, I certify that:	
<ul style="list-style-type: none"> • 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 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 • I am a U.S. person (including a U.S. resident alien). 	
SIGNATURE of U.S. PERSON	Date

STEP 5: SUBMIT

PRINT, SIGN, DATE and MAIL to:

SSPS Provider File Unit, PO Box 45346, Olympia WA 98504 or

FAX to: (360) 902-8268

For additional information about the W-9 see the W-9 Instruction: <http://www.irs.gov/pub/irs-pdf/iw9.pdf>
or call 1-800-829-1040