

Division of Agriculture Supplier Payment Information Form

New Supplier

Name of UADA Requestor: _____

Existing Supplier Change

Supplier Information:

Supplier must provide a street address and/or PO Box address for payment, shipping, and handling.

Supplier Name (Line 1 of W-9): _____

DBA Name (Line 2 of W-9): _____

TAX ID (EIN/SSN) _____

Street Address Line 1: _____

Street Address Line 2: _____

City/State/Zip: _____

Remit Address if different: _____

Supplier Contact Name: _____

Telephone: _____

Fax: _____

Email: _____

Good/Services Provided: _____

Payment Type:

Verify the payment type that you want. Direct deposit payments require additional documentation.

Choose One:

Check

Direct Deposit (*Recommended – Receive payments faster and more securely*)

Direct Deposit Option: Complete the information below.

Submit a voided check or bank letter, on bank letterhead, with account information.

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Holder Name: _____

Account Type:

Checking

Savings

Remittance Advice Email: _____

Signature (by signing you assert all information to be true and correct)

Signature: _____

Date: _____

Title: _____

Send completed W-9, Supplier Payment Information Form, Restriction of Boycott of Israel Certification, and other documentation to Requestor. For questions: Contact Requestor or Purchasing at: purchasing@uada.edu.