

Purpose of this form (Check One) Add as a New Vendor Update existing entry (ID or Short) Add as an employee to Vendor file (Evaluate with Payroll Office)

PART I. GENERAL SUPPLIER INFORMATION *The University of Texas at San Antonio reserves the right to request photo identification to confirm legal name(s).*

Individual/Owner Name: _____ Social Security Number (SSN) or Individual Taxpayer ID Number (ITIN): _____

Business Name (if different from above Name): _____ Employer Identification Number (EIN): _____ **Check if HUB Vendor**
 HUB VID#: _____

Individual *Social Security (SSN) or Individual Taxpayer Identification Number (ITIN) is required* | **Sole Proprietor** *Social Security Number is required when providing Employer ID Number* | **Partnership, Corporation or other Entity** *(Select EIN type being provided below)*
 Partnership's EIN: _____ Corporation (Provide EIN above) Other Entity's EIN: _____

Texas Identification Number *(include the type of number(s) being provided below)*
 SSN/ITIN #: _____ Employer ID Number #: _____ *If Partnership, enter two partner's names and SSN. If either partner is a corporation, use the corporation's EIN:*
 Comptroller's Assigned Number #: _____ Partner's Name: _____ SSN/EIN: _____
 Partner's Name: _____ SSN/EIN: _____

Citizenship Information | **Ownership Codes: please check the appropriate ownership code**

1 - A citizen or national of the United States of America | A - Professional Association T - Texas Corporation *****If T, L, A or C is checked, enter the Texas Charter Number (Texas SOS Filing Number):** _____

2 - A Lawful Permanent US Resident: *Alien/Green card #:* _____ | C - Professional Corporation L - Texas Limited Partnership _____

3 - A Non U.S. Resident/Non Resident Alien *(if checked, attach completed form W-8 BEN)* | F - Financial Institution R - Foreign Business (outside to US) U - State Agency/University Agency # _____

O - Out of State G - Governmental Entity

N - Other (provide brief description): _____

Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

The University of Texas remits payments in accordance with the Texas Government Code, Chapter 2251, Texas Prompt Payment Act (PPA), which states that goods or services must be paid within 30 days of the receipt of the goods or services or the receipt of the invoice, whichever is later. Warning: Failure to provide the correct name and number combination may result in payment being subject to 31% backup withholding. (See instructions for Exception Payee/FATCA Reporting Codes)

Enter Exempt Payee Code (if any): _____ Enter Exemption from FATCA Reporting code, (if any): _____

PART II. ADDRESSES and CERTIFICATION

<p>Order Address</p> <p>Individual Tax or Business Legal Name: _____</p> <p>Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>City/Town/Locality: _____</p> <p>State/Territory/Providence: _____</p> <p>Country: _____ Zip Code: _____</p> <p>Phone: _____ Fax: _____ E-Mail: _____</p>	<p>Remittance Address: <input type="checkbox"/> <i>Check if same as the Order Address</i></p> <p>Individual Tax or Business Legal Name: _____</p> <p>Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>City/Town/Locality: _____</p> <p>State/Territory/Providence: _____</p> <p>Country: _____ Zip Code: _____</p> <p>Phone: _____ Fax: _____ E-Mail: _____</p>
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Under penalties of perjury, I certify that the information provided, to the best of my knowledge, true, correct and complete.
 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), 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, 3. I am a U.S. citizen or other U.S. person (defined above) and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
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. (See instructions for details)

Authorized Signature: _____ Date: _____

University of Texas at San Antonio
Direct Deposit Authorization Form

Notification: Request must allow for sufficient time for processing and may not be effective for the next check run. Late requests may result in a check being issued or Direct Deposit to an established account. We strongly suggest leaving your old account open until the deposit into your new account has occurred.

A. Action Type <i>(Select only one Action Type)</i>	B. Financial Institution Information <i>(Completion by financial institution is recommended)</i>
<input type="checkbox"/> New Direct Deposit Setup <input type="checkbox"/> Change Current Direct Deposit: Change Account or Financial Institution <input type="checkbox"/> Cancel Direct Deposit	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Financial Institution Name: _____ Routing Number (9-Digits): _____ Account Number (max 17 characters): _____

C. Financial Representative (Optional)

Financial Representative Name: _____ Title: _____

Phone Number: _____ Ext. _____ E-Mail: _____

Financial Representative Signature: _____ Date: _____

D. International Payment Verification (Required)

The National Automated Clearing House Association (NACHA) adopted specific rules regarding International ACH Transactions (IAT). NACHA requires entities originating ACH (Direct Deposit) payments to comply with IAT rules and federal law. To comply, payees are required to identify the intended final destination of payments issued through the ACH network.

Will payment(s) be forwarded to a financial institution outside the United States?..... YES NO

If Yes, Please specify the name of the country where payment(s) will be forwarded: _____

E. Direct Deposit Authorization Agreement (Required)

Authorization Agreement: I hereby authorize the University of Texas to deposit my payments directly to the account listed above (Section B) by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given advanced written notice, or deposit service has been discontinued by the discretion of the University of Texas. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. I agree to notify the University of Texas within three (3) business days if the deposit has not been made and/or receipt of an incorrect deposit amount Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas to make appropriate adjustment(s) from my account.

Authorized Signature: _____

Printed Name: _____ Date: _____

Optional: A copy of a voided check or Printed Bank Account Information Page for Checking or Account Card Copy for Savings Direct Deposit may be attached below.

Please send the completed form to The University of Texas at San Antonio Disbursements and Travel Services address at: One UTSA Circle, San Antonio, TX 78249 or by FAX at: (210) 458-4829.