



Vendor Information / Authorization of Direct Deposit

Section 1: Payee / Vendor Information

Legal Name (Business or Individual)			
Parent Company Name (if different than above)			
Physical Address			
City		State	Zip
Remittance Address (if different than above)			
City		State	Zip
Phone Number		Fax Number	
Purchase Order Email		Contact Name	
ACH Receipt Email		Contact Name	

Section 2: Vendor Classification

Individuals: Please select the appropriate classification and attach the designated tax document.

- U.S. Citizen / W-9
 U.S. Resident / W-9
 Non-Resident Alien / W-8BEN

Businesses: Please select the appropriate classification and attach the designated tax document.

- U.S. Company / W-9
 Foreign Vendor w/U.S. Presence / W-8ECI
 Foreign Vendor / W-8BEN-E or W-8EXP

Section 3: Illinois Department of Central Management Services Business Enterprise Program Classification

- Female Business Enterprise (FBE)
 Minority Business Enterprise (MBE)
 Persons with Disabilities Business Enterprise (PBE)
 Veteran Owned Business Enterprise (VBE)

Please Note: If you check any of the boxes in Section 3, you are required to submit a current letter of certification with this application.

CERTIFICATION

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting. I have not been debarred, suspended, proposed for debarment, declared ineligible, not in the process of being debarred, or voluntarily excluded from conducting business with a federal department or agency of the federal government. The information shown on this form is accurate to the best of my knowledge.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Section 4: Authorization of Direct Deposit of Vendor Payments (ACH)

Complete the following if you would like to receive ACH – Direct Deposit payments.

Financial Institution Name			
Financial Institution Address			
City		State	Zip
Name on Account			
Checking Account Number			
ABA Routing Number			

APPROVALS/AUTHORIZATIONS

By completing the Authorization of Direct Deposit of Vendor Payments portion of this form, I hereby authorize Illinois Eastern Community Colleges to initiate credit entries to my account at the financial institution named above. I certify that the information provided on this form is correct. It is my responsibility to notify IECC A/P office immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify IECC A/P in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until IECC A/P has received written notification requesting a change or cancellation and has had reasonable opportunity to act, which should take no longer than seven to ten business days.

Print Name: _____ Title: _____

Signature: _____ Date: _____

FOR IECC INTERNAL USE ONLY

Vendor ID: _____ ACH BUS Email Entered: _____ Authorized By: _____ Date: _____