

Application for a Statewide Vendor Number

To submit the application form, choose one of the following:

1. Visit our website at ofm.wa.gov/payee for secure electronic submission via DocuSign™.
 - [Vendor/payee Registration form \(DocuSign™\)](#)
 - [Direct Deposit Authorization form \(DocuSign™\)](#)
**Once notified of completion, DocuSign™ will automatically submit your forms to us. Please do not send us the PDF copies of your forms- these are for your records only.

OR

2. To manually complete the form, print, sign it with a blue or black pen, scan to a PDF, and submit.
 - [Vendor/payee Registration form \(PDF\)](#)
 - [Direct Deposit Authorization form \(PDF\)](#)Please send the manually completed form in PDF format to: payeeforms@ofm.wa.gov
We are unable to accept PDF forms that have a stamped, inserted, or electronic signature.
Be advised: We cannot accept crossed or whited out information on forms.

If you have any questions, please contact the Payee Registration Unit at payeeregistration@ofm.wa.gov or (360) 407-8180 ext. 5.



Vendor/Payee Registration Form

Instructions For Completing the Vendor/Payee Registration Form

The Registration Form should be used to perform the following:

- Register for a new Washington Statewide Vendor Number.
- New legal name (ex: change of last name, change of company name).
- Changing your tax type (ex. changing from sole proprietor to partnership).

Note: If you are a foreign entity, please submit an IRS form W-8. You can find this form at the IRS website. You must have a US Taxpayer Identification Number (TIN) to register with Washington State.

Part A – Contact Information:

- Mailing Address – Please indicate the address you wish to receive remittance and/or correspondence.
- Contact Name – The person named here will be contacted to approve any future changes to your registration including direct deposit. (If you are a business, a contact person’s name **MUST** be provided).
- Telephone Number – The telephone number of the authorized contact person.
- Email Address – The Email address provided will be used as the primary contact method (you will be contacted via email with your Statewide Vendor Number).

Part B – Registration (W-9):

- All numbered sections except section 4 are required.
- If you are a medical or legal/attorney entity and file with the IRS as a corporation or partnership, please indicate your entity type in box 4.
- You **MUST** provide your legal address in lines 5 and 6.
- You **MUST** provide your Social Security Number (SSN) or Employer Identification Number (EIN). Do **NOT** provide both.

Direct Deposit Banking:

To set up direct deposit, complete and submit a Direct Deposit Authorization Form.

Changes and Adding Additional Locations:

To make changes to an existing registration or to add/delete locations to an existing registration, please complete and submit a Change Form.

Signature Block:

Please sign with a pen (a “wet signature”). Electronic, inserted or stamped signatures will not be accepted. This form is not considered valid unless it is signed.

Submitting the Vendor/Payee Registration Form:

Please PRINT and SIGN the completed form

SCAN to PDF format and EMAIL to: payeeforms@ofm.wa.gov

FAX to: (360) 664-3363 OR

MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5. For any other questions, please contact the agency you are expecting payment from.



PLEASE DO NOT STAPLE

Vendor/Payee Registration Form

PART A – Contact Details

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

PART B – Vendor/Payee Registration

Request for Taxpayer Identification Number and Certification – Substitute Form W-9

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:

SSN or EIN:

Individual/Sole Proprietor (Including LLC-Sole Proprietor)

EIN only:

Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)

All Other State/Local Govt.

SSN only:

Lived Experience - Class 1

Partnership (Includes LLC)

WA State Agencies

Volunteer

Non-Profit Organization

Federal Government (including Tribal)

Board/Committee member

Tax Exempt Organization

Trust/Estate

4. For Corporation or Partnership ONLY, check one box below if applicable:

Medical

Attorney/Legal

5. Legal Address (number street and apt or suite no) This should be the address on file with the IRS:

6. City, State, Zip:

7. Tax Identification Number (TIN) PLEASE CHECK ONE

For individuals, this is your social security number (SSN)

For other entities, this is your employer identification number (EIN)

Enter your EIN or SSN (do NOT enter both):

8. Certification

- I. 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
II. 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
III. I am a U.S. person, including a U.S. resident alien (defined in the W-9 instructions to be found at www.irs.gov), and
IV. 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 because you have failed to report all interest and dividends on your tax return. Please note this form does not include a FATCA exemption code field, and therefore item 4 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures)

Date: This form is valid for 90 days



Vendor/Payee Direct Deposit Authorization Form

Instructions For Completing the Vendor/Payee Direct Deposit Authorization Form

The Direct Deposit Authorization Form should be used to perform the following:

Set-Up Direct Deposit Payment.

To change your bank account.

Cancel direct deposit and reinstate payments by check.

Note:

If writing instead of typing, please PRINT clearly in blue or black ink only. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.

Part A – Identification Details:

You MUST provide your Statewide Vendor Number unless this form accompanies a new registration.

If you do not know your Statewide Vendor Number use the [VENDOR LOOKUP](#) page.

You must provide your legal name as filed with the IRS.

You must provide your DBA if you have one.

You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN).

Part B – Payment Option:

Check the box indicating your preferred method of payment.

Part C – Direct Deposit Information and Signature:

If you checked Direct Deposit in Part B, fill out all fields in Part C.

Your bank's name is required.

If the Account type is left blank, we will default to Checking account.

If the Payment type is left blank, we will default to Corporate/Business payment.

Important: After confirmation, it will take three– to– five business days for your direct deposit to activate.

Signature Block:

Please sign with a pen (a “wet signature”).

Electronic, inserted or stamped signatures will not be accepted.

This form is not considered valid unless it is signed.

Submitting the Vendor/Payee Direct Deposit Authorization Form:

Please PRINT and SIGN the completed form

SCAN to PDF format and EMAIL to: payeeforms@ofm.wa.gov

FAX to: (360) 664-3363 OR

MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450.

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5. For any other questions, please contact the agency you are expecting payment from.



PLEASE DO NOT STAPLE

Vendor/Payee Direct Deposit Authorization Form

Important: For changes to existing banking arrangements, you will be contacted via email, telephone number, or physical mailing address on file to verify the change. Changes will not take effect until they are successfully verified with the contact person on file.

PART A: Enter Identification Details – ALL FIELDS REQUIRED (Except SWV on new registration)

New registration? [] Yes (you must submit a registration form) [] No

Statewide Vendor Number: S W V -

Legal Name: _____

DOING BUSINESS AS (DBA): _____

Taxpayer Identification Number: (SSN or EIN) _____

PART B: Select Payment Option

- [] Direct Deposit to bank (recommended).
[] Check in US mail (terminates any previous banking information on file).

PART C: For Direct Deposit, complete all fields below then print and sign

In addition to providing your banking information on this form, you may also attach a voided check.

Financial Institution Name – must be a US institution: _____

Financial Institution Telephone Number: _____

Routing number – see example at right: _____

Account Number – see example at right: _____

Account Type: [] Checking [] Savings

Payment Type: [] PPD (Personal) [] CCD (Corporate/Business)



Authorization for Direct Deposit

I hereby authorized and request the Office of Financial Management (OFM) 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, OFM 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, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print) _____

Title _____

SIGNATURE of Authorized Representative _____

Date: This form is valid for 90 days _____