



Thurston County Auditor – Financial Services Vendor Information Account Form

STEP 1: Is this a NEW ACCOUNT or CHANGES to an existing ACCOUNT? (Check mark one)

NEW ACCOUNT

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

Name/DBA Address Contact Information Email Payment Options Direct Deposit

If you know Thurston County’s Vendor Account Number for you, enter it here: _____

STEP 2: Enter information about the vendor and contact person

Legal Name of Vendor as it appears on federal tax forms

*Business Name, if different from Legal Name above (DBA Name)

*Mailing Address

*City, State, and Zip Code

***Submit additional payment remit address information on a separate page if needed**

Are discounts offered by vendor?	
YES	NO
If YES above, reflect terms below:	

Contact Person

Contact Telephone Number

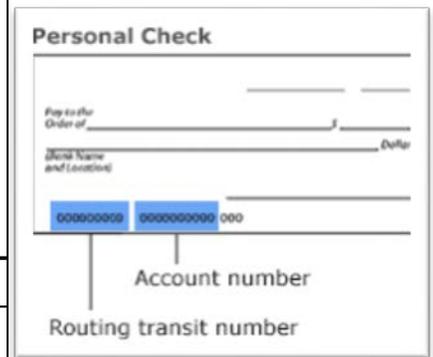
Email to receive payment information

STEP 3: Select Payment Option (Check mark one)

Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank information on file)

STEP 4: For Direct Deposit, complete all fields and sign

_____ Financial Institution Name – must be a US institution	_____ Financial Institution Phone Number
_____ Financial Institution Address	_____ City, State and Zip Code
_____ Routing Number	_____ Account Number



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

ACCOUNT TYPE: Checking or Savings (Checking will be used if nether box marked)

AUTHORIZATION FOR DIRECT DEPOSIT:
I hereby authorize and request Thurston County Auditor’s Office, Financial Services Division to initiate ACH credit entries to the financial institution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw overpayments owed to Thurston County when the County determines that such collection is in the best interest of the County. This authorization is to remain in full effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change the direct deposit service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments.
Thurston County reserves the right to issue a check for payment when the situation warrants.

_____ Authorized Representative (Please Print)	_____ Title
_____ SIGNATURE of Authorized Representative	_____ Date

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification	
1. Legal Name (as filed with IRS)		
2. Business Name (if different from Legal Name above)		
3. Check ONLY ONE box below (as filed with IRS)		
Individual or Sole Proprietor LLC filing as a Sole Proprietor Partnership	Corporation S Corporation Non Profit Corp Government	LLC filing as Corporation LLC filing as Partnership LLC filing as S-Corp OTHER _____
4. Check one box if applicable: Medical Attorney/Legal		
5. Address (physical or PO Box where you want to receive IRS information returns)		
6. City, State and ZIP code		
7. Taxpayer Identification Number (TIN)		
Enter your <i>IRS EIN</i> <u>OR</u> <i>SSN</i> in the appropriate box (do not enter both)		
EMPLOYER IDENTIFICATION NUMBER	OR	SOCIAL SECURITY NUMBER
<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>
8. Certification		
Under penalty of perjury, I certify that the number shown on this statement is the correct taxpayer identification number, the payee is not subject to backup withholding due to failure to report interest and dividend income, and the payee is a US person. 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		Date
<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>

Step 6: Submit Completed Form

FAX to: 360-357-2481 - OR - Mail to: Thurston County Auditor - Financial Services Division,
2000 Lakeridge Dr SW, Olympia, WA 98502