

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)

Regal Name of Vendor as it appears on federal tax forms (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above, reflect terminates and separate page if needed (Pusiness Name, if different from Legal Name above, reflect terminates and separate page if needed (Pusiness Name, if different from Legal Name above, contact Telephone Number (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above, reflect terminates and separate page if needed (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above, reflect terminates and page if needed (Pusiness Name, if different from Legal Name above, reflect terminates and page if needed (Pusiness Name, if different from Legal Name above, reflect terminates and page if needed (Pusiness Name, if if yellowed) (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed	: Direct Deposit		
Name/DBA Address Contact Information Email Payment Options 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 Flausiness Name, if different from Legal Name above (DBA Name) Payment of Vendor as it appears on federal tax forms Flausiness Name, if different from Legal Name above (DBA Name) If YES above, reflect ter Stability, State, and Zip Code Submit additional payment remit address information on a separate page if needed Contact Person Contact Telephone Number Email to receive payment info STEP 3: Select Payment Option (Check mark one) Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in STEP 4: For Direct Deposit, complete all fields and sign Financial Institution Name – must be a US institution 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 Additor's Office, Financial Services Division to initiate ACH credit entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw or to Thurston County when the County determines that such collection is in the best interest of the County is authorization effect until such time as the County is entrines that such collection is in the best interest of the County is authorization effect until such time as the County dermines that such roll with correct information or failure to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misdirected payments.			
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 Contact Person Contact Telephone Number Email to receive payment info STEP 3: Select Payment Option (Check mark one) Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in STEP 4: For Direct Deposit, complete all fields and sign Financial Institution Name – must be a US institution 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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw or to Thurston County when the County deemines that such collection is in the best interest of the County, list authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misod refluce to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misod refluce to notify the County of changes to b	Direct Denosit		
Are discounts offered by YES NO Business Name, if different from Legal Name above (DBA Name) If YES above, reflect ter Mailing Address Contact Telephone Number Contact Person Contact Person Contact Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in STEP 4: For Direct Deposit, complete all fields and sign Financial Institution Name – must be a US institution Financial Institution Name – must be a US institution Financial Institution Address City, State and Zip Code Contact Person Contact Telephone Number Email to receive payment information on this form, you may also attach a voided check 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 entr institution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw or to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or chang service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	Direct Deposit		
Rusiness Name, if different from Legal Name above (DBA Name) If YES above, reflect ter If YES above,			
Regal Name of Vendor as it appears on federal tax forms (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above, reflect terminates and separate page if needed (Pusiness Name, if different from Legal Name above, reflect terminates and separate page if needed (Pusiness Name, if different from Legal Name above, contact Telephone Number (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above, reflect terminates and separate page if needed (Pusiness Name, if different from Legal Name above (DBA Name) (Pusiness Name, if different from Legal Name above, reflect terminates and page if needed (Pusiness Name, if different from Legal Name above, reflect terminates and page if needed (Pusiness Name, if different from Legal Name above, reflect terminates and page if needed (Pusiness Name, if if yellowed) (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed (Pusiness Name above, reflect terminates and page if needed			
If YES above, reflect ter Mailing Address City, State, and Zip Code Submit additional payment remit address information on a separate page if needed Contact Person Contact Telephone Number Email to receive payment info STEP 3: Select Payment Option (Check mark one) Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in STEP 4: For Direct Deposit, complete all fields and sign Financial Institution Name – must be a US institution Financial Institution Phone 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 entristitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	Are discounts offered by vendor? YES NO		
Contact Person Contact Telephone Number Email to receive payment info STEP 3: Select Payment Option (Check mark one) Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in STEP 4: For Direct Deposit, complete all fields and sign Financial Institution Name – must be a US institution Financial Institution Address City, State and Zip Code Routing 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 entri institution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or changiservice initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	If YES above, reflect terms below:		
Contact Person Contact Telephone Number Email to receive payment info STEP 3: Select Payment Option (Check mark one) Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in 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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to b information will result in the Vendor bearing sole liability for lost and/or misdirected payments.			
Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in 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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.			
Direct Deposit to bank (recommended) or, Check in US mail (terminates any previous bank in 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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	 ormation		
Financial Institution Name – must be a US institution Financial Institution Name – must be a US institution Financial Institution Address City, State and Zip Code Routing 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 entr institution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw or to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.			
Financial Institution Name – must be a US institution Financial Institution Phone Number 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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or changes service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	formation on file		
Financial Institution Name – must be a US institution Financial Institution Phone Number 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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.			
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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.			
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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw or to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	Dollar		
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 entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	000		
AUTHORIZATION FOR DIRECT DEPOSIT: I hereby authorize and request Thurston County Auditor's Office, Financial Services Division to initiate ACH credit entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	t number		
I hereby authorize and request Thurston County Auditor's Office, Financial Services Division to initiate ACH credit entrinstitution account shown above for payment of goods and services received, and if necessary, debit entries to withdraw of to Thurston County when the County determines that such collection is in the best interest of the County. This authorization effect until such time as the County is notified in writing by the vendor with reasonable opportunity to terminate or change service initiated herein. Failure to provide the County with correct information or failure to notify the County of changes to be information will result in the Vendor bearing sole liability for lost and/or misdirected payments.	number		
Thurston County reserves the right to issue a check for payment when the situation warrants.	overpayments owed n is to remain in full te the direct deposit		
Authorized Representative (Please Print) Title	eank and/or account		
SIGNATURE of Authorized Representative Date	ank and/or account		

STEP	5:	Complete and sig	n the Rec	uest for T	Taxpave	r Identification I	Number (W-9)

Substitute Form W -9	Identific	Request for Taxpayer ation Number and Cert	ification				
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	Corporation	LLC filing as Corpor	LLC filing as Corporation				
Sole Proprietor	S Corporation	LLC filing as Partne	LLC filing as Partnership				
LLC filing as a Sole Proprietor	Non Profit Corp	LLC filing as S-Corp					
Partnership	Government	OTHER					
4. Check one box if app							
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 IRS EIN OR SSN in the appropriate box (do not enter both)							
EMPLOYER IDEN	TIFICATION NUMBER	SOCIAL SECURITY NUMBER					
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							
Signature		Date					

Step 6: Submit Completed Form

FAX to: 360-357-2481 - OR - Mail to: Thurston County Auditor - Financial Services Division, 3000 Pacific Ave SE, Olympia, WA 98501-8809