



**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: \_\_\_\_\_