

## W9 Substitute & Vendor Payment Form

Name \_\_\_\_\_

Address \_\_\_\_\_

### Taxpayer Information (please check)

- Corporation                                       LLC Corporation                                       Non-Profit  
 Individual/Sole Proprietor                       LLC Individual                                       Other  
 Partnership                                       LLC Partnership

### Tax Information (please complete all applicable fields)

Federal tax ID number  or

Legal name as appears with Federal TIN \_\_\_\_\_

If sole proprietor using SSN for business, please list legal name \_\_\_\_\_

### Certification

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below) (For further information see [www.irs.gov/pub/irs-pdf/iw9](http://www.irs.gov/pub/irs-pdf/iw9))

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. For real estate transactions, item 2 does apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature of U.S. person \_\_\_\_\_ Date \_\_\_\_\_

### Payment Options (please check type(s) of payments your company accepts)

- Credit Card (UP's preferred payment method)                       ACH (Direct deposit to your bank account)                       Check

### Payee/Company Information

Contact person's name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Contact person's email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Please complete below if ACH Requested

Bank's name and branch \_\_\_\_\_ Title \_\_\_\_\_

Bank's address \_\_\_\_\_ Phone \_\_\_\_\_

Bank's account number \_\_\_\_\_ Routing number \_\_\_\_\_

Type of account     Check     Savings

I hereby authorize University of Portland to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entries in error to the account listed above. I acknowledge that I will personally need to contact the University of Portland Accounts Payable Department in writing to rescind this authorization.

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_