

University of Texas at San Antonio  
**SUPPLIER INFORMATION FORM**  
(Substitute W-9)

Department Contact: \_\_\_\_\_

Phone Number \_\_\_\_\_

**Purpose of this form (Check One)**

☐ Add as a New Vendor

☐ Update existing entry (ID or Short) \_\_\_\_\_

☐ Add as an employee to Vendor file (Evaluate with Payroll Office)

**PART I. GENERAL SUPPLIER INFORMATION** *The University of Texas at San Antonio reserves the right to request photo identification to confirm legal name(s).*

Individual/Owner Name: \_\_\_\_\_ Social Security Number (SSN) or Individual Taxpayer ID Number (ITIN): \_\_\_\_\_

Business Name (if different from above Name): \_\_\_\_\_ Employer Identification Number (EIN): \_\_\_\_\_

**Check if HUB Vendor** ☐

HUB VID#: \_\_\_\_\_

☐ **Individual**

*Social Security (SSN) or Individual Taxpayer Identification Number (ITIN) is required*

☐ **Sole Proprietor**

*Social Security Number is required when providing Employer ID Number*

☐ **Partnership, Corporation or other Entity** (Select EIN type being provided below)

☐ Partnership's EIN: \_\_\_\_\_ ☐ Corporation (Provide EIN above) ☐ Other Entity's EIN: \_\_\_\_\_

**Texas Identification Number** (include the type of number(s) being provided below)

SSN/ITIN #: \_\_\_\_\_ Employer ID Number #: \_\_\_\_\_

Comptroller's Assigned Number #: \_\_\_\_\_

**If Partnership**, enter two partner's names and SSN. If either partner is a corporation, use the corporation's EIN:

Partner's Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

**Citizenship Information**

☐ 1 - A citizen or national of the United States of America

☐ 2 - A Lawful Permanent US Resident: *Alien/Green card #:* \_\_\_\_\_

☐ 3 - A Non U.S. Resident/Non Resident Alien (if checked, attach completed form W-8 BEN)

**Ownership Codes: please check the appropriate ownership code**

☐ A - Professional Association ☐ T - Texas Corporation \*\*\*If T, L, A or C is checked, enter the Texas Charter Number (Texas SOS Filing Number): \_\_\_\_\_

☐ C - Professional Corporation ☐ L - Texas Limited Partnership \_\_\_\_\_

☐ F - Financial Institution ☐ R - Foreign Business (outside to US) ☐ U - State Agency/University Agency # \_\_\_\_\_

☐ O - Out of State ☐ G - Governmental Entity

☐ N - Other (provide brief description): \_\_\_\_\_

☐ Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) \_\_\_\_\_

*The University of Texas remits payments in accordance with the Texas Government Code, Chapter 2251, Texas Prompt Payment Act (PPA), which states that goods or services must be paid within 30 days of the receipt of the goods or services or the receipt of the invoice, whichever is later. **Warning:** Failure to provide the correct name and number combination may result in payment being subject to 31% backup withholding. (See instructions for Exception Payee/FATCA Reporting Codes)*

**Enter Exempt Payee Code (if any):** \_\_\_\_\_ **Enter Exemption from FATCA Reporting code, (if any):** \_\_\_\_\_

**PART II. ADDRESSES and CERTIFICATION**

**Order Address**

Individual Tax or Business Legal Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town/Locality: \_\_\_\_\_

State/Territory/Providence: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Remittance Address:** ☐ Check if same as the Order Address

Individual Tax or Business Legal Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town/Locality: \_\_\_\_\_

State/Territory/Providence: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Under penalties of perjury, I certify that the information provided, to the best of my knowledge, true, correct and complete.**

**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), **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, **3.** I am a U.S. citizen or other U.S. person (defined above) and **4.** 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. (See instructions for details)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of Texas at San Antonio  
**Direct Deposit Authorization Form**

**Notification:** Request must allow for sufficient time for processing and may not be effective for the next check run. Late requests may result in a check being issued or Direct Deposit to an established account. We strongly suggest leaving your old account open until the deposit into your new account has occurred.

A. Action Type (Select only one Action Type)	B. Financial Institution Information (Completion by financial institution is recommended)
<input type="checkbox"/> New Direct Deposit Setup	<i>Account Type:</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Change Current Direct Deposit: Change Account or Financial Institution	Financial Institution Name: _____
<input type="checkbox"/> Cancel Direct Deposit	Routing Number (9-Digits): _____
	Account Number (max 17 characters): _____

C. Financial Representative (Optional)

Financial Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Financial Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D. International Payment Verification (Required)

**The National Automated Clearing House Association (NACHA) adopted specific rules regarding International ACH Transactions (IAT). NACHA requires entities originating ACH (Direct Deposit) payments to comply with IAT rules and federal law. To comply, payees are required to identify the intended final destination of payments issued through the ACH network.**

Will payment(s) be forwarded to a financial institution outside the United States?..... ☐ YES ☐ NO

If Yes, Please specify the name of the country where payment(s) will be forwarded: \_\_\_\_\_

E. Direct Deposit Authorization Agreement (Required)

**Authorization Agreement:** I hereby authorize the University of Texas to deposit my payments directly to the account listed above (Section B) by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given advanced written notice, or deposit service has been discontinued by the discretion of the University of Texas. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. I agree to notify the University of Texas within three (3) business days if the deposit has not been made and/or receipt of an incorrect deposit amount Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas to make appropriate adjustment(s) from my account.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:** A copy of a voided check or Printed Bank Account Information Page for Checking or Account Card Copy for Savings Direct Deposit may be attached below.

Please send the completed form to The University of Texas at San Antonio Disbursements and Travel Services address at: One UTSA Circle, San Antonio, TX 78249 or by FAX at: (210) 458-4829.