



*Save a Tree - Choose EFT*

Re: State of Wyoming Vendor Management

Please complete the **Wyoming Vendor Management Form** and the **IRS Form W-9 Request for Taxpayer Identification Number & Certification** in order to process payments from the State of Wyoming.

**Wyoming Vendor Management Form** - Please complete the Wyoming Vendor Management Form in order to assure an accurate, up-to-date record of company financial institution and company contact information. Please verify that all fields are complete and the form has been signed by the primary contact. For specific examples of the primary contact, please refer to the instructions provided. Only original signatures will be accepted. Additionally, the information provided on this form must match that provided on the Form W-9. If you have questions on completing this form, please contact the State Agency with whom you conduct business.

**IRS Form W-9 Request for Taxpayer Identification Number & Certification** - Please use the current Form W-9, found at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. Please complete all applicable sections of the document including taxpayer type, a valid tax identification number, and your signature. Only original signatures will be accepted. The information you provide must match how you are registered with the IRS. Instructions for completing the form are found on the IRS website at the link provided above.

Please send the **completed forms to the State Agency** with whom you conduct business and remit invoices for payment.



# Wyoming Vendor Management Form

**Please return this form to the State Agency with whom you conduct business and remit invoices for payment.**

<input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-Activation <small>(Complete Parts 1-4 &amp; Form W-9)</small>	<input type="checkbox"/> Vendor Name /Address Change <input type="checkbox"/> Add Subsidiary Remittance Address <small>(Complete Parts 1,3,4 &amp; Form W-9)</small>	<input type="checkbox"/> Financial Institution Information Change <small>(Complete Parts 1-4)</small>	<input type="checkbox"/> Primary Contact Change <input type="checkbox"/> Discontinue Vendor <small>(Complete Parts 1,3,4)</small>
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## Part 1: Vendor Name & Address

*Legal Business/Individual Name:		*EIN/SSN:	
*Primary Address:	*City:	*State:	*ZIP Code:
Remittance Address: (Complete if different from Primary)	City:	State:	ZIP Code:

## Part 2: Financial Institution Information

New Financial Institution Information	Previous Financial Institution Information																																								
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking																																								
Name of Financial Institution:	Name of Financial Institution:																																								
Routing Number/ ABA number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Routing Number/ ABA number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																														
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<input type="checkbox"/> Discontinuation of Electronic Funds Transfer(EFT) (If selected please complete previous financial institution information section)																																									

## Part 3: Vendor Contact Information

*Vendor Contact Name (Printed):	*Title:
*Email Address:	*Phone Number:                      Extension:

## Part 4: Vendor Certification and Signature

**I certify that I am the primary vendor contact for the State of Wyoming and I will submit all change requests.**

*Authorized Vendor Contact Signature:	*Date:
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### For State Agency Use Only

* Vendor Number:	V	C																	
*Agency Name:	*Agency Number:		*Agency Address:																
*Contact Name:	*Title:		*SA Number:				*Phone Number:												

\* Required Field

### ATTACH ORIGINAL VOIDED IMPRINTED CHECK HERE

If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information.



# Wyoming State Auditor's Office

## Instructions for Wyoming Vendor Management Form



**Please Note:** For your protection, we will not accept email or fax to enroll or change Financial Institution Information. Failure to provide the requested information may delay or prevent your receipt of payments.

### Check Box Section (Choose the appropriate option(s))

- **New Enrollment or Re-Activation:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information. Temporary/counter checks will not be accepted.
- **Vendor Name/Address Change or Add Subsidiary Remittance Address:** Complete all information in Parts 1, 3, and 4.
- **Financial Institution Information Change:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information. Temporary/counter checks will not be accepted.
- **Primary Contact Change or Discontinue Vendor:** Complete all information in Parts 1, 3, and 4.

### Part 1: Vendor Name & Address (All fields are required)

- **REQUIRED:** Provide an updated Form W-9.
- **Legal Business/Individual Name:** The name of the business or person as it appears on the Social Security card or how you are registered with the IRS. Do not abbreviate names.
- **EIN/SSN:** Provide the Employer Identification Number or Social Security Number, as registered with the IRS.
- **Primary Address:** This is the default address and should match what is reported on Form W-9
- **Remittance Address:** This is the address where payments should be remitted. Complete if different from Primary Address.

### Part 2: Financial Institution Information

- **New Financial Institution Information (Required):**
  - **Type of Account:** Check box indicating if account is a savings account or a checking account
  - **Name of Financial Institution:** Name of your financial institution
  - **Routing Number/ABA#:** Nine-digit number identifying the financial institution
  - **Account Number:** Vendor's financial institution account number
- **Previous Financial Institution Information:** For changes to financial institution information **ONLY**. All fields are required, see prior step for definitions.
- **Discontinuation of Electronic Funds Transfer (EFT):** **ONLY** check box if you are selecting to stop receiving payment via EFT and then complete the **Previous Financial Institution Information** section.

### Part 3: Vendor Contact Information (All fields are required)

- **Vendor Contact Name:** Print the name of your primary contact
  - If providing an Employer Identification Number (EIN), on the Form W-9, contact **MUST** be someone who can make financial and/or legal decisions for the entity.
  - If providing a Social Security Number (SSN), on the Form W-9, contact **MUST** be the individual taxpayer registered with the IRS.
- **Title:** Provide the job title for the primary contact.
- **Email Address:** Provide the email address for the primary contact.
- **Phone Number:** Provide the phone number and extension, if applicable, for the primary contact

### Part 4: Vendor Certification and Signature (All fields are required)

- **Authorized Vendor Contact Signature:** Provide an original signature of the primary contact. This **MUST** match the Vendor Contact Name in Part 3.
- **Date:** Please provide the date this form is signed by the primary contact.