



New Vendor/Substitute W-9 Form- FOR BUSINESSES

THE UNIVERSITY WILL NOT PAY VENDORS UNTIL THIS FORM IS PROVIDED

Check **all** appropriate business categories:

Corporation Limited Liability Comp Sole Proprietorship Partnership Other

WBE DBE MBE SBE

Business Name:

Name as shown on your IRS record, if different from Business Name (“dba” businesses must list Owner Name here)

Remittance Address:

	Address 1	
	Address 2	
	City, State, Zip	

Contact Name:

Contact Phone/Fax:

Business Purpose

Email Address

(Required for Direct Deposit)

Direct Deposit Information: (Must be U.S. Bank & a voided check must be attached to set up direct deposit)

Direct deposit is optional but is Wesleyan’s preferred method of payment. Check requests may result in delayed payment.

	U.S. Bank Name	
	Account Number	
	Ck <input type="radio"/> Sav <input type="radio"/>	
	Routing Number/Bank ID	

We understand that including our banking information above indicates that we authorize Wesleyan University to initiate electronic credit entries (direct deposit), and if necessary, debit entries or adjustments for any funds to which we are not entitled upon notification from Wesleyan. We will notify Wesleyan of any changes to the information above and understand that failure to do so may result in delayed payment.

Signature for direct deposit _____ Title _____

ACH transfer/PPD format

Tax Identification Number (TIN):

The TIN provided must match the Name on IRS Record, to avoid backup withholding. For individuals with a “dba” business, this is your Social Security Number; for other entities, it is your Employer Identification Number (EIN)

Social Security Number _____ - _____ - _____ EIN/FEIN _____ - _____

I certify that this business is not currently debarred or suspended from a covered transaction by any Federal department or agency and is not listed as suspended or debarred on the Federal System for Award Management (SAM)

*****Signature _____ Title _____ Date _____**

YOUR CONTACT AT WESLEYAN (Name/Department): _____

INSTRUCTIONS: Complete and return by one of the methods listed below.

-Fax to 860-685-2814

-Scan and email to ap@wesleyan.edu

-Mail to Wesleyan University, Finance Office, Accounts Payable, 287 High Street, Middletown, CT 06459

If you have any questions concerning this form, please contact Tamara (860) 685-2843 or Crystal (860) 685-2842.

Note: Under Connecticut state tax law, Wesleyan University may be required to withhold 6.99% for payments made to Athletes and Entertainers that meet the criteria. Please see <http://www.ct.gov/drs/lib/drs/publications/pubsp/2008/ps08-1.pdf>