

VENDOR NUMBER _____
(County use only)



County of Hamilton

DUSTY RHODES
AUDITOR
COUNTY ADMINISTRATION BUILDING
138 EAST COURT STREET
CINCINNATI, OHIO 45202

VENDOR REGISTRATION FORM (Substitute Form W-9)

PLEASE SUBMIT THIS FORM TO THE AGENCY WITH WHICH YOU DO BUSINESS

VENDOR INFORMATION - PLEASE PRINT

Company Name: _____	Individual's Name: _____
Taxpayer ID: FEIN: _____	SSN: _____

Mailing Address
(Street/P.O. Box, City, State & Zip): _____

Contact Name: _____ Phone# (____) _____ - _____
Fax# (____) _____ - _____

Remittance Address
(Street/P.O. Box, City, State & Zip): _____

Contact Name: _____ Phone# (____) _____ - _____
Fax# (____) _____ - _____

Type of Business: Agency Corporation Employee Federal Agency
 State Agency Local Government Partnership Proprietorship
 Self
 Other – Please Explain: _____
 Independent Contractor – OPERS Reportable Job Title: _____

Small Business? Yes No

I hereby certify that the information supplied herein is true and correct and I am a U.S. person (including a U.S. resident alien).

Signature of person filling out this form

Date

FOR COUNTY USE ONLY		
This Vendor should be added to Hamilton County's list of authorized vendors.		
_____ Authorized Signature	_____ Department Number	_____ Date

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF VENDOR PAYMENTS

1. VENDOR INFORMATION

Vendor Name: _____
Vendor Tax ID or
Social Security No. _____
Vendor Email Address: _____
(If Available)

2. FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE

I hereby authorize the County of Hamilton to initiate electronic credit entries and, if necessary, with prior notification to me, debit entries to reverse erroneous credits to my

Checking

**Please select only one

Savings

account indicated below, and to the financial institution named below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION NAME _____
CITY, STATE _____

ROUTING/TRANSIT NUMBER

ACCOUNT NUMBER

3. VENDOR SIGNATURE/DATE

This authority shall remain in full force and effect until the County of Hamilton has received written notification from me of this authority's termination in such time and in such manner as to afford the County of Hamilton and financial institution a reasonable opportunity to act upon it.

NAME _____ SSN
(MONTH) (DAY) (YEAR)

SIGNATURE _____

4. CERTIFICATION OF FINANCIAL INSTITUTION

*We require that you obtain the following certification from an authorized official of your financial institution that the routing/transit number and account information you have completed above is correct

I certify the above routing/transit number and account number are valid and accurate.

NAME _____ PHONE -
SIGNATURE OF AUTHORIZED OFFICIAL OF FINANCIAL INSTITUTION _____
(MONTH) (DAY) (YEAR)

TITLE _____ DATE

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF VENDOR PAYMENTS INSTRUCTIONS

1. VENDOR INFORMATION

Print your name, Tax ID or Social Security Number and email address (if available). Notification of direct deposit is sent to you via e-mail (our preferred method), or by US Mail.

2. FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE

- Direct Deposit will be available for only one (1) account. Please check this in the appropriate box as either for “checking” or “savings.”
- Please fill in the financial institution’s name, city, and state where it is located. If you bank or save at a branch of a financial institution, you may list that branch’s city and state location.
- The “Routing/Transit Number” is the nine (9) digit number found on the bottom left of your check next to your account number. Please fill in the appropriate spaces. For those direct depositing into a savings account, please check with your savings institution to obtain this number.
- Your “Account Number” is up to a thirteen (13) digit number also found on the bottom of your check. For savings account depositors, please check with your savings institution for this number.

3. VENDOR SIGNATURE/DATE

Please print your name and sign below.

4. CERTIFICATION OF FINANCIAL INSTITUTION

Please obtain a certification from an authorized official of your financial institution that the routing/transit number and account information completed in Section 2 is correct.

If you have any questions on the instructions, please contact the Auditor’s Accounts Payable Department at 946-4202. Thank you.