

Vendor Management Form Instructions

Please note: The terms vendor and supplier are used interchangeably.

SECTION 1 – To be completed by vendor / supplier.

Is this vendor/supplier New or Existing? If unsure, please leave blank.
FEI/SSN -All companies (corporations, partnerships, LLC's) have an IRS issued Federal Employer Identification (FEI) number or a Taxpayer Identification Number (TIN). All individuals must list their Social Security Number (SSN). FEI and SSN are nine-digit numbers. REQUIRED
Vendor/Supplier Name - List the entire name of the business or individual that corresponds to the applicable FEI or SSN. Name and FEI / Social Security combinations must match Internal Revenue Service records. REQUIRED
Payment Alternate Name -If the payee name is different from the parent vendor name, the alternate payee name should be provided.
Address, City, State, Zip, Country, and Fax - should be completed where applicable.
Driver's License # and DL State - should be completed for individuals only .
Phone -List a Primary and Secondary Phone and extension where applicable. Indicate whether the primary number provided is a landline or a cell. This number may be used for two-step bank verification. <i>Vendor/Supplier may receive a call from Georgia State Accounting Office personnel as part of the two-step verification.</i> DO NOT provide a general company phone number, this number may be used to verify information. Please provide a number for a direct contact in the accounting or receivables department. REQUIRED
Contact Email - Complete for a specific contact within a company, this should not be a general email address.

SECTION 2 – To be completed by vendor /supplier requesting direct deposit/ACH payments.

This section is required to add or change bank account information to a new or existing vendor for direct deposit and ACH payments. Attaching a copy of a voided check/bank letter to the vendor management form is required and eliminates possible errors that could delay the vendor payment. See notes for check & letter requirements.

Routing Number -This is generally the first set of numbers at the bottom of the check and uniquely identifies the banking institution. This is a nine-digit number.
Bank Account Number - This is generally the second set of numbers that identifies the checking account number that has been issued by the bank.
Check here if General Bank Account can be used by All State of Georgia agencies making payments. If this bank account can be used by any State of Georgia agency to process payments, please check this box.
Check here if this account can only be used for a Specific Purpose - If this is bank account should only accept specific types of payment or may be applicable to certain State of Georgia agencies, please check this box. List the specific use for this bank account on the line provided. Examples of the payment location description are: "Pre-K", or "CACFP", or "SFSP", or "EHS" etc.
Payment Remit Email -email address where supplier (vendor) would like to receive notification of direct deposit / ACH payment information. There can be two (2) remit email addresses per location.

Printed Name of Individual or Company Officer- This should be the individual's name or the name of an official with the company, *not the company name*.

Signature of individual or Company Officer-This should be signed by the aforementioned person. Signature should be an actual signature. *Typed or cursive font signatures are not accepted.*

Date-This form must be dated within 90 days of the date of submission.

SECTION 3- *To be completed by DECAL*

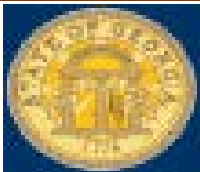
SECTION 4- *To be completed by DECAL*

SECTION 5- *To be completed by DECAL*

NOTES:

1. Suppliers requesting direct deposit or ACH payments must attach a voided check. Check must be embossed with the Suppliers name and address. If a check cannot be provided, supplier must submit a verification letter provided by supplier's bank. Letter must be on bank letterhead, include the supplier's bank account number, bank's routing number, the bank representative contact information and be signed and dated by the aforementioned bank representative. *Typed or cursive font signatures are not accepted.* Supplier's name and address must match what is provided on the Supplier Management Form.
2. The following are not accepted for direct deposit / ACH payment verification: starter checks, checks modified in any manner, general direct deposit instructions, deposit tickets, bank statements, screen-prints or screen-captures from bank websites or accounting software, checks or bank letters with missing or incomplete information.
3. DECAL verifies Names, FEI and Social Security numbers provided with Internal Revenue Service records.
4. Vendor/Supplier may receive a call from Georgia State Accounting Office personnel as part of the two-step verification for direct deposit /ACH payment set-up.
5. Supplier name must match bank account ownership. Georgia State Accounting Office electronically verifies ownership of bank accounts to the names provided on the Supplier Management Form.

Suppliers / Vendors- should direct all inquiries to their DECAL Program point of contact.



SUPPLIER (VENDOR) MANAGEMENT ADD/CHANGE FORM

The Vendor Liaison should submit this form to SAO Vendor Management Group for verification and approval. Agency Liaisons must complete Section 5 of the form to obtain approval. All necessary supporting documentation must be attached. (*Required fields)

SECTION 1 – SUPPLIER IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS) *NEW *EXISTING

*SUPPLIER NUMBER: _____ *FEI/SSN/TIN NUMBER: _____

*SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY #: _____ EXT: _____ SECONDARY #: _____ EXT: _____

LANDLINE CELL (USED FOR IDENTITY VERIFICATION)

FAX#: _____ CONTACT EMAIL: _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK OR SIGNED BANK LETTER)

(REQUIRED FOR ALL NEW SUPPLIERS OR CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #: _____ BANK ACCOUNT #: _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for SPECIFIC purpose. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____ LOC#: _____

PYMT REMIT EMAIL: _____ LOC#: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer _____

Signature of Company Officer _____

Date _____

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY) REQUIRED

- | | | |
|--|---|---|
| <input type="checkbox"/> Classification Change | <input type="checkbox"/> Deactivate/Reactivate (Enter Justification in Section 4) | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Name/FEI/TIN Change | <input type="checkbox"/> Add/Change Address Addr#: _____ | <input type="checkbox"/> Other (Details in Section 4) |
| <input type="checkbox"/> Bank Account Add/Change Loc#: _____ | <input type="checkbox"/> HCM Vendor | <input type="checkbox"/> Statewide Contract (SWC) |

Documentation for Vendor Name/FEI/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc.); Confirmation from Secretary of State's office of legal name change; OR a newly completed W-9 form provided by the vendor.

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Women Owned |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified |

MINORITY BUSINESS ENTERPRISE (51% Owned):

- | | | |
|--|---|--|
| <input type="checkbox"/> Hispanic – Latino | <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Not Applicable |

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 - STATE OF GEORGIA AGENCY LIAISON CONTACT INFORMATION (COMPLETED BY AGENCY LIAISON ONLY) ALL FIELDS REQUIRED.

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____

Signature: _____ Date: _____

Email: _____ Phone: _____ Fax: _____