



**New Supplier Form**

**Section 1: Identifying Information**

Tax Identification Number:

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EIN   
 -OR-   
 SSN

*Pursuant to Section 6109 of the Internal Revenue Service Code, we are **required** to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. **Forms without a TIN will not be accepted.***

Legal Name \_\_\_\_\_  
 Business Name, Doing Business As: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ DUNS# \_\_\_\_\_

**Section 2: Order Address (For Purchase Orders)**

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ DUNS# \_\_\_\_\_

**Section 3: Payment Direct Deposit/ACH Information**

Bank Name:		Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Account Number:		Routing Number:	<input type="text"/>	<input type="text"/>
<i>Account number supplied must match attached bank verification</i>		<i>Routing number supplied must match attached bank verification</i>		
Email for Remit Info		<b>To opt out of Direct Deposit, Check This Box</b>		
<i>Attach a copy of a current voided check <u>or</u> include a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution</i>				

**Section 4: International ACH Transaction Information**

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

**Section 5: Contact Information**

Primary Contact Name:	
Title:	Email:
Phone:	Fax:
Secondary Contact Name:	
Title:	Email:
Phone:	Fax:

**Section 6: Read the Agreement, Sign & Date**

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier.

*Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.*** The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation and has a reasonable opportunity to act on it.

Print Name:	Date:
Signature:	Phone: