

Complete and Return to: UNG Accounts Payable 82 College Circle Dahlonega, GA 30597 Or send via email to: Accounts.payable@ung.edu	<h2 style="margin: 0;">Student Supplier Authorization Form</h2> <p style="margin: 0;">Supplier Information Form and Substitute for W-9</p>	Do Not Send This Form to IRS
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Thank you for your interest in doing business with and becoming an active supplier with the University System of Georgia

Notices:

Please complete this form electronically, print it out, sign it, and send it to UNG Accounts Payable using any method outlined above.

Important: If you choose to email the form, ensure the protection of your personal information and send the form in a secure email.

The preferred method for completing this form is electronically. If you choose to complete the form by hand, please print the legibly in black ink and clearly distinguish numbers for example, use 0 for zero.

You must complete both sides of this form or your registration could be delayed therefore causing any payments to you or your organization to be delayed as a result.

Your information will be active in our system 24-48 hours after receipt of this completed form.

Foreign persons who non-residents for US Tax purposes do complete this form. Instead, complete the IRS Form W-8 BEN available at:

http://www.irs.gov/file_source/pub/irs-pdf/fw8ben.pdf

Legal Name (Name Used On Tax Filing):							
DBA (Doing Business As) Name:							
Taxpayer Identification Number (TIN)				Employer ID Number (EIN) or Social Security Number (SSN)			
Is this form for New Vendor Addition or Change of Existing Information?		Add		Change – Existing Vendor ID#:			
Name of Requesting USG Institution:				University of North Georgia			
Physical Mailing Address:				Where tax information and general correspondence are to be sent. If the payment (remit) address is the same as the physical mailing address, specify by selecting the "Same as Physical Mailing Address" check box. If they are different, specify each address.			
Address (Street Name/No.):							
City:		State:		Zip:			
Telephone:		Fax:		Email:			
Payment (Remit) Address:				Required if different from the physical mailing address. If the address is the same as the physical mailing address, select the Same as Physical Mailing Address checkbox.			
				Same as Physical Mailing Address			
Address (Street Name/No.):							
City:		State:		Zip:			
Telephone:		Fax:		Email:			

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me I am no longer subject to backup withholding,
- I am a U.S. person (including resident alien).

Certification instructions: You must un-check the second check box above and cross out the certification to its right if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of U.S. Individual:		Date:	
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CONTINUE TO
REVERSE SIDE

REQUIRED FIELDS ARE IN RED!

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Method of Payment: Check or Direct Deposit EFT (Direct deposit information required for ACH and EFT.)			
Direct Deposit Information – Action Required (Select only One)			
Start	Change	Stop	Name Change Only
Account Type (Select only One)			
Individual Checking	Individual Savings	Corporation	
Account Number (Required for Direct Deposit)			
Bank Name:			
Routing Number:			
Account Number:			
Re-Enter Account Number:			
Authorized Signature for Check or ACH			
ACH Contact Name:			
Email for ACH Confirmation: (Required)			
Signature of U.S. Individual:	Date:		
THIS FORM MUST BE SIGNED AND DATED BY PAYEE FOR DIRECT DEPOSIT OR CHECK Signature above signifies acceptance of the terms and conditions in the AGREEMENT below.			
AGREEMENT - I hereby authorize UNG or any affiliated institution to electronically deposit all invoice payments to my account in the financial institution listed above. In the event that a USG institution notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to the institution as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to the USG institution is not possible, I agree to immediately repay any erroneous deposits to the institution. I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by the USG institution in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to the institution, I hereby authorize the institution to recover such amounts by deducting them from any future payments until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until USG Shared Services Center has received written notification from me of its termination in such time and manner as to afford USG SSC, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to the USG institution. I certify that I am authorized to sign on behalf of my company.			
Electronic Authorization for Payment Instructions <i>All boxes must be complete. Do no leave information blank.</i>			
<p>The form will start, change or stop electronic payment for all payments received by you from a USG institution. This does not apply to employee salary payment.</p> <p>Name: Please be sure your last name on this form matches the last name on the W-9 on file with UNG Accounts Payable. Your electronic payment will not start if the last name does not match.</p> <p>Action Required:</p> <ol style="list-style-type: none"> 1. Select Start if you don't have electronic payment and wish to. 2. Select Change if you have electronic payments and wish to change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by check. 3. Select Stop if you wish to stop your electronic payment. 4. Select Name Change Only if you are changing only your name to correspond to your W-9 or need to change contact information. Complete the top portion of the form, sign and date it. <p>Routing Number and Account Number: Routing Number is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your check. Also, please make sure the account number on this form is correct including any leading zeroes. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.</p> <p>Note: For first time ACH payments, pre-notification is required and direct deposit will begin within 10 days after a pre-note is initiated.</p> <p>Note: Electronic payments will only be made to U.S. banks.</p>			
For questions about this form please call 706-864-1856 or email us at accounts.payable@ung.edu .			

REQUIRED FIELDS ARE IN RED!