## **Instructions for Suppliers**

Submitting this form authorizes King County to deposit electronic payments directly into your bank account.

Suppliers must sign and complete sections 1-3.

Forms are typically processed in 10 business days after receipt by King County FBOD.

Incorrect / incomplete forms will be destroyed, unprocessed, in a secure manner. The submitting King County agency will be notified.

### PLEASE PRINT CLEARLY.

Return this form to your designated King County agency contact.



Where are my routing and account numbers?

### **Instructions for King County Agencies**

King County agencies must sign and complete section 4 after verifying supplier information (including all new and updated ACH sites).

Incomplete forms will not be processed, and will be destroyed in a secure manner.

\* For suppliers with multiple ACH sites or bank accounts associated with their record, the supplier site is used to differentiate which site will be added or updated. Only sites based on the standard naming convention will be set up.

Submit this form to:

procurement.web@kingcounty.gov

CNK-ES-0340 (206) 296-7676 - fax



Department of Executive Services Finance & Business Operations Division (206) 263-9400

# **Automated Clearing House (ACH)**

# **Authorization Agreement**

1 Supplier's Remit To Information		
Is this a new ACH authorization, or are you updating	•	
<ul> <li>NEW - I've never been paid via ACH by King</li> <li>□ UPDATE - I'm updating my existing ACH banl</li> </ul>	•	
	king information	
payee name (must match King County Substitute W9)	feder	al tax ID number (or SSN)
chain organization or DBA (if applicable)		
Chain organization of DBA (if applicable)		
street address / PO	suite	/ apartment
city	state ZIP	
email (remittance advice / notifications)		
2 Depository Institution Information		
name on bank account (if different than above)		
depository institution		
		☐ checking ☐ savings
bank routing number	bank account number	account type
3 Supplier Authorization Acknowled	gment	
I, the undersigned Supplier, hereby authorize King County for goods and services covered by an agreement by using agree to provide the County with written notification of ar remittance data instructions by submitting this form with readvance of charges. In the event of duplicate or frauduler return payment to the County upon discovery or after the that payment made to an incorrect account as listed above.	g, at the County's option, Automated by change in my depository institution evisions at least ten (10) business dan at payment, overpayment, or any pay County provides sufficient informatio	Clearing House (ACH).  n, payment instructions, or ys (2 calendar weeks) in ment made in error, I agree to n to support its claim. I accept
name and title		
x supplier signature	date	
4 FOR KING COUNTY USE ONL		n training and paragrally
I, the undersigned King County employee, do attest the called the supplier to verify the supplier's banking information.		<u>in training</u> and personally
signature of king county employee	date	verified
signature of King county employee	delio	vermed
king county employee (print name)	agen	су
o yes ono I attest, I personally called to	verify the supplier's banking info	and tax
representative's name I spoke with	phon	e number I dialed

Mar 2021

supplier number

site\*

E.		
Cing County		

KING COUNTY SUBSTITUTE W-9	Requestion	Certification	i ilulibei allu	Do not send to IRS.	
Name (as shown or	n Invoice)				
Business Type					
	☐ C-Corporation	☐ S-Corporation	☐ Disregarded	Entity	
	☐ Government	☐ Individual		,	
☐ Limited Liability Cor	_	x classification (C=C-Corpor	ation. S=S-Corporation	n. P=Partnership	
□ Non Profit □	☐ Partnership	☐ Sole Proprietor	☐ Trust/Estate		
Business Registrat		<u>.</u>		_	
Enter where you are re			onding State Regi	stration Number	
State:		Registration N	lumber:		
Purchasing Location	on Information				
Physical Address				<b>X</b> //	
City , State, and Zip					
				•	
Remittance Informa	ation				
Remit Address (if diffe					
City, State, and Zip					
on, Charo, and Elp					
Tax Reporting Nam	o and Tax Idan	tification Number o	r Social Socuri	ty Number	
				ided must match the name	
given on the "Tax Rep					
Tax Reporting Name					
Tax Reporting Address	s				
Tay Departing City Chate, and 7in					
Tax Reporting City, State, and Zip					
7 11 27 11	V.				
l ax Identification Num	ber, Employer Ide	ntification Number or S	Social Security Nu	mber (enter numbers only):	
Under penalties of per	iury I certify that:				
1. The number shown on this form is my correct tax reporting name and identification number.					
I am a U.S. citizen, U.S. person or U.S. Business Entity.     I am not subject to backup withholding due to failure to report interest and dividend income.					
		g due to failure to repor	t interest and divi	dend income.	
4. I am exempt from FATCA reporting.					
<b>Certification instructions.</b> If you are not a U.S. citizen, U.S. person or U.S. Business Entity, you must cross out item 2 above. You will need to provide a completed King County W9 form as well as a copy of your W-8.					
Sign Here ▶					
Print Name of Signer	,		Da	te Signed	