

# Vendor Intake Form

Tax Information	
Vendor Name (as shown in <b>BOX 1</b> on W9/W8):	
If applicable, business name/disregarded entity name, if different from above (as shown in <b>BOX 2</b> on W9/W8):	
Vendor Address:	
Federal Tax Classification (as shown in <b>BOX 3</b> of W9 or <b>BOX 4</b> of W8):	
Foreign vendors are subject to US Tax. Are services provided within the US?	
Payment Information	
Will this vendor provide discounts? If so, how much, e.g., 2% Net 10?:	
Vendor's "remit to" address:	
Commodity Information	
NJ Commodity Codes list available <a href="#">here</a> : (list all applicable codes)	<hr/> <hr/> <hr/> <hr/>
Business Enterprise Information	
<i>Check all that apply (please submit copies of any certificates with this form):</i> Small Business Enterprise Minority Owned Business Enterprise Women Owned Business Enterprise Veteran Owned Business Enterprise Veteran Service-Disabled Owned Business Enterprise	
Vendor Contact Information	
Vendor Contact Name:	
Vendor Contact Phone Number:	
Vendor Contact Email:	
NJSTART Vendor ID:	
Signature	
Your signature below indicates that you have read, understand, and agree to the <a href="#">Terms &amp; Conditions</a> of Rowan University.	
Print Name, Sign, Date	



# ACH CREDIT TRANSFER SETUP FORM

## ACCOUNTS PAYABLE

This form will be used to communicate account information to Rowan University. See page 2 for directions on completing the information requested in Sections 1 through 3. E-mail completed form to Rowan University's, Accounts Payable Department, at [directdeposit@rowan.edu](mailto:directdeposit@rowan.edu).

### Section 1 - Vendor Information

Date: \_\_\_\_\_ Type of Transaction:  New Authorization  Change  Delete

Vendor Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Remittance Email: \_\_\_\_\_

Taxpayer ID Number (SSN or EIN):

### Section 2 - Bank Information

Bank Name: \_\_\_\_\_ Telephone : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ABA Routing Number (9 Digits):          Type of Account:  Checking

Bank Account Number:                  Savings

### Section 3 - Acknowledgement & Consent

**I certify that I am an authorized representative of the above stated vendor and certify that:**

- All bank account changes will be reported to Rowan University's Accounts Payable Department thirty (30) days prior to actual change.
- Rowan University's Accounts Payable Department must be informed of all address changes to remain qualified for ACH payments.
- I authorize Rowan University to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for all credit entries that are determined to be in error.
- This authority is to remain in effect until revoked by us in writing to Rowan University's Accounts Payable Department.

NOTICE: Government regulations have changed regarding the use of direct deposit. As a result, Rowan University does not offer the direct deposit of funds to either a foreign bank or a U.S. Financial institution where the amount will be forwarded to a bank account in another country.

Name (Printed): \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR ROWAN UNIVERSITY USE ONLY**

### Section 4 - AP Vendor Confirmation

AP Staff Name: \_\_\_\_\_ Approver: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_ Vendor Banner ID: \_\_\_\_\_

Direct Deposit Setup  
Received Date: \_\_\_\_\_ Setup Date: \_\_\_\_\_ AP Staff Name: \_\_\_\_\_

**Section 1 - Vendor Information**

1. Today's date.
2. Select the type of Banking (ACH) transaction:
  - a. New Authorization
  - b. Change Existing Authorization
  - c. Delete (Terminate Direct Deposit)
3. Enter the vendor's complete name and address.
4. Enter the vendor's telephone number.
5. Enter remittance email for the payment advice.
6. Enter the Taxpayer Identification Number (TIN) of your company. For individuals, this is generally your social security number (SSN). For other entities, it is your employer identification number (EIN).

**Section 2 – Banking Information**

1. Enter the bank's name and address.
2. Enter the bank's telephone number.
3. Enter the bank's American Bankers Association (ABA) routing number.
4. Select the appropriate account type to disburse the direct deposit:
  - a. Checking
  - b. Savings
5. Enter the bank account number. If the account number is less than the 17 boxes provided, begin at the left margin and leave unused boxes blank. See sample below:

The image shows a sample check form with several fields highlighted in red boxes. The highlighted fields are: the check number '1114' in the top right corner; the ABA routing number '123456789' in the bottom left; the bank account number '123456789123' in the bottom middle; and the check number '1114' in the bottom right. Red lines connect these highlighted fields to labels below the check: 'ABA or Bank Routing #', 'Bank Account #', and 'Check #'. The check form itself includes fields for 'Your Name', '123 Main Street', 'Anywhere, WA 90002', '08-09', 'Pay to the order of', '\$', 'YOUR BANK', and 'For'.

**Section 3 – Acknowledgement & Consent**

1. Read acknowledgement and consent.
2. Enter name and signature of the financial officer authorized to conduct banking transactions.
3. Enter your title, email, telephone and date as appropriate.

**Note:** Send form electronically via email to [directdeposit@rowan.edu](mailto:directdeposit@rowan.edu).

If you have any questions, contact Rowan University's Accounts Payable Department at (856) 256-4115 or email [directdeposit@rowan.edu](mailto:directdeposit@rowan.edu).