

Supplier Onboarding Information

Please provide all of the information below, where applicable and return these forms including a completed W9 or W-8BEN

Name of Company/Firm (as shown on Federal Tax Return): _____

Alternate name, if applicable (doing business as): _____

Mailing address: _____

City: _____ State: _____ Zip+4: _____ - _____

Sales Contact: _____ Business Ph#: _____

Sales E-mail: _____

Accounting/AR Contact: _____ Business Ph#: _____

Accounting E-mail: _____

Company / Firm's website address: _____

Payment address (if different from address above): _____

City: _____ State: _____ Zip+4: _____ - _____

Accept Purchasing Card (i.e. VISA): Yes No Tax Exempt

Payment Terms (check one) Net 30 1 % 20 days 2 % 10 days

Payment Type (check one)

ACH / Direct Deposit (please complete the attached form and return along with this form)

Check

Please check the box(s) below that apply:

African American-Owned Business Enterprise

Hispanic American-Owned Business Enterprise

Asian American-Owned Business Enterprise

Native American-Owned Business Enterprise

I choose only to identify as a Minority-Owned Business

Enterprise Women-Owned Business Enterprise

None of the above

Definitions:

A Minority-Owned Business Enterprise (MBE) is defined as a business that is at least 51 percent owned by one or more minorities. A person who is a U.S. citizen or lawful permanent resident and is African American, Hispanic American, Asian American, Native American, as well as other groups found to be disadvantaged pursuant to Section 8 (a) of the Small Business Act.

A Women-Owned Business Enterprise (WBE) is defined as a business that is at least 51 percent owned by a woman or women who are United States Citizens or lawful permanent residents of the United States.

Authorized Signature: _____

Date completed: _____

Direct Deposit Authorization Form for Accounts Payable Disbursements to Vendors

Individual or Company/Organization Name
Employer Identification Number/Social Security Number
E-mail Address (This is required for deposit notification.)

I hereby authorize Smith College to deposit, by electronic transfer, payments owed to me or the company named above into my account at the bank named below. Smith College is authorized to reverse or debit any entries made in error to my account through the College's direct deposit program.

It is understood that I may terminate this agreement by written notification to the Smith College Payroll and Disbursements Office.

I agree to notify the Payroll and Disbursements Office immediately if I close my account or change my e-mail address. I understand that if I fail to provide complete and accurate information on this form or fail to give sufficient notification of account closure, the processing of my payments may be delayed or erroneously transferred.

Authorized Signature
Date
Print Name
Title (if applicable)

Bank Name and Address:	
Bank Transit/Routing Number: <i>(Should be Nine Digits Long)</i>	
Customer's Bank Account Number:	
Account Type <i>(Select One)</i> Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	

To start or change a deduction:

The first payment processed after receipt of this form in the Payroll & Disbursements Office, College Hall 204, will be a pre-authorization to the Federal Reserve System for verification of bank transit and account number, as supplied above. You will receive an actual check and no money will be transmitted to your account.

The second payment after receipt of this form will result in an electronic transmittal of funds to your account. An e-mail notification will be sent to the e-mail address, as supplied above.

Please feel free to contact us with any questions or concerns. We can be reached via e-mail at acctspay@smith.edu or by phone at (413) 585-2244.

Mail completed form to Smith College, Payroll and Disbursements Office, College Hall 204, Northampton, MA, 01063.

Locating the above information on your check:

Pay to the Order of _____ \$ _____

_____ Dollars

For _____ AP

⑆ 211884976 ⑆ □□□□□□ □□ 2664

2664

Date _____

Your Account Number

Bank Transit Number