

Return via mail or fax to:
 Kennesaw State University
 Office of Finance & Accounting
 3391 Town Point Dr
 Suite 3700, MD 9110
 Kennesaw, GA 30144
 Phone: 470-578-6214
 Fax: 470-578-9187



**Employee and Student Vendor Registration
 and Substitute W-9 Form**

Do Not Send to the IRS

Instructions

1. This form is only for employees and students of KSU who need to be entered into the vendor system for payment or reimbursement. If you **are not** an employee or student, please use the Supplier Authorization/Registration Form.
2. The **preferred** method is to complete the form electronically. If you choose to complete the form by hand, please print legibly in blue or black ink.
3. **Fully complete, print, and sign** page 1. Complete and sign page 2 if direct deposit of funds is preferred.
4. Fax or mail the form to the information shown above. For security reasons, **DO NOT EMAIL** this form.

Vendor Information

I am a(n) **Student** **Employee** (If neither apply, please fill out the Supplier Authorization/Registration Form)

Is this for a **New Vendor Addition or Update of Existing Information?** **New Setup** **Update** **Reactivate**

Legal Name:			
Taxpayer Identification Number (TIN)	Employer ID Number (EIN) or Social Security Number		
Physical Address: Number/Street Name			
Address (Line 2)			
	City:	State:	Zip Code:
	Phone :	Email:	

Remit To Address

Check here if same as the physical address:

Mailing Address:			
Address (Line 2)			
	City:	State:	Zip Code:

KSU Point of Contact Name:

Certification

Under penalties of perjury, I certify that (check all that apply):

- I am a U.S. resident (including permanent resident alien).
 - I am a non-U.S. citizen or non-permanent resident alien for U.S. tax purposes and I have completed the KSU Foreign National Informat Form (FNIF) and the IRS Form W-8BEN.
 - The Taxpayer Identification Number (TIN) provided above is correct.
 - I am not subject to backup withholding because: (a) I am exempt form 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 and dividends, or (c) the IRS has notified me I am no longer subject to backup withholding.
 - I am subject to backup withholding as a result of a failure to report all interest or dividends or I have received notification by the IRS that I am subject to backup withholding.
- Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification to avoid backup withholding.**

Signature of Vendor:

Name of Vendor:	Date:
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Vendor's Legal Name:

Direct Deposit Setup

1. Direct deposit is optional for KSU vendors but is recommended for faster and more secure payment.
2. Provide the information below to start, change, or stop direct deposit by electronic funds transfer for all reimbursements by KSU.
3. International non-U.S. citizens and/or non-permanent resident aliens are not eligible for direct deposit payments.
4. KSU employees may use this form to request changes to their direct deposit account information for travel reimbursement.

Direct Deposit Action Requested

(check only one)

- Decline direct deposit and receive payment by check
- Start Change
- Stop Name change only
- Change only for employee travel reimbursement

Account Number (required for direct deposit)

Bank Name:		
Routing Number:		This is the nine digit number on the lower, left corner of your check.
Account Number:		The account number is the number following the routing number. Please provide any leading zeroes.
Re-enter Account Number:		

ACH Contact Name:

Email for ACH Confirmation:

Direct Deposit Agreement:

I hereby authorize Kennesaw State University (KSU) to make a direct deposit by electronic funds transfer for all invoice payments and reimbursements to my account at the financial institution listed above. In the event that KSU notifies the financial institution that funds have been deposited to the account in error, I hereby authorize and direct the financial institution to return said funds to KSU 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 KSU is not possible, I agree to immediately repay any erroneous deposit to KSU. 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 KSU in the collection of such an erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to KSU, I hereby authorize KSU to recover such amounts by deducting them from any future payments from KSU until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until KSU has received written notification from me of its termination in such time and manner as to afford KSU, 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 KSU.

By signing below, I agree to all terms and conditions.

Signature of Vendor:

Name of Vendor:

Date: