 <p>UNIVERSITY SYSTEM OF GEORGIA Shared Services Center</p>	<h2 style="margin: 0;">Supplier Information Form</h2> <p style="margin: 0;">If you are a student or employee of any USG institution, please contact your institution's HR department for assistance.</p> <p style="margin: 0;">Only US banking information can be included on this form for payment.</p>	<p style="color: red; font-weight: bold; margin: 0;">Do Not Send This Form to IRS</p>
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Instructions:

1. Complete pages 1-3 of this form electronically. If you prefer to complete the form by hand, please print legibly in **black ink** and **clearly distinguish numbers**.
Note: Omissions of requested information on this form may result in delayed registration and/or payment.
2. Print and sign form
3. Submit the form to your institution contact.

Email Submissions are not accepted.

Section 1 – Requesting Institution Information			
USG Institution to which you are providing goods or services?		USG Contact Person and Phone Number	

Section 2 – Supplier Information
Business/Individual Contact Information <i>*Required</i>


Legal Name: (Name used on Tax Filing & W9) <i>*Required</i>			
Contact Name: <i>*Required</i>			
Phone Number: <i>*Required</i>			
Website URL:		Email:	

Purchasing Order (Invoicing) Address:			
Address: (Street Name/No)			
City:		State:	
		Zip Code:	

Payment (Remit) Address:			
Address: (Street Name/No)			
City:		State:	
		Zip Code:	

Section 3 – Supplier Business Type Information <i>*Required *</i>
<i>*All questions must be answered*</i>

1. Are you primarily a supplier of services or goods?	<input type="checkbox"/> Goods	<input type="checkbox"/> Services - <i>*A selection for Question 2 is required</i>	
2. Do you expect to receive payment for any of the following from USG? Note: If you do not see your service listed, select non-employee of USG (independent contractor). <i>* Required *</i>			
<input type="checkbox"/> My company is being paid for services as a non-employee of USG (independent contractor).	<input type="checkbox"/> My company is being paid for fellowship training stipend, or research participant.		
<input type="checkbox"/> My company is being paid for registration.	<input type="checkbox"/> My company is being paid for honorarium.		
<input type="checkbox"/> My company is being paid for repairs/maintenance.	<input type="checkbox"/> My company is being paid for short course instructor-professional education.		
<input type="checkbox"/> My company is being paid for expense reimbursement as a non-employee.	<input type="checkbox"/> My company is being paid for awards/prizes.		
<input type="checkbox"/> My company is being paid for legal services.	<input type="checkbox"/> My company is being paid for rent (real estate or machinery).		
<input type="checkbox"/> My company is being paid for public speaking or entertainment.	<input type="checkbox"/> My company is being paid for royalties.		
<input type="checkbox"/> My company is being paid for medical or healthcare services.			

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• **Additional Reporting Elements**

<p>Sm Disadvantaged Business</p> <p> <input type="checkbox"/> 8(a) Contract Award <input type="checkbox"/> 8(a) with HUBZone Priority SDB Set-Aside <input type="checkbox"/> SDB Price Evaluation Analyst <input type="checkbox"/> SDB Participating Program Not Applicable </p>
<p>Other Preference Programs</p> <p> <input type="checkbox"/> Buy Indian <input type="checkbox"/> Directed to JWOD Nonprofit <input type="checkbox"/> No Preference/Not Listed <input type="checkbox"/> Small Business Set-Aside <input type="checkbox"/> Very Small Business Set-Aside </p>
<p>Number of Employees</p> <p> <input type="checkbox"/> 10 or less <input type="checkbox"/> 11-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-1000 <input type="checkbox"/> 1001 or more </p>
<p>Veteran Owned Business</p> <p> <input type="checkbox"/> Not Veteran Owned Sm Business <input type="checkbox"/> Service Disabled VOSB <input type="checkbox"/> Veteran Owned Business </p>
<p>Ethnic Minority (51% or More)</p> <p> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander </p>
<p> <input type="checkbox"/> Small Business* <input type="checkbox"/> Georgia Resident Business** <input type="checkbox"/> Women Owned Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Not Applicable </p> <p style="font-size: small;"> * A small business is defined as a business that is independently owned and operated. In addition, such a business must either have 300 less employees or \$30 million or less in gross receipts per year ** Georgia resident business is defined as any business that regularly maintains a place from which businesses is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure. </p>

Section 4 – Updates to Existing Supplier

*If you have recently had an address change, please list old and new

Old/Prior Address Information				
Purchase Order (Invoicing) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:
Payment (Remit) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:
New Address Information				
Purchase Order (Invoicing) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:
Payment (Remit) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:

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Section 5 – Payment Information

Method of Payment
<input type="checkbox"/> Check <input type="checkbox"/> ACH – Direct Deposit
ACH – Direct Deposit – Action Required (Select only One)

ACH – Direct Deposit Instructions:
Use this form to start, change, or stop ACH payments from a USG Institution. Employees should visit OneUSG Connect web page to change payroll preferences

Please note that the University System of Georgia, in cooperation with the State of Georgia Accounting Office, is working to reduce paper checks and utilize electronic payments, ACH – Automated Clearing House (Direct Deposit), as much as possible. Electronic payments will ensure secure and timely payment for your goods or services.

Action Required:

1. Select **Start** to set up ACH payments for the first time.
2. Select **Change** to update banking information for ACH payments. ACH payments will be stopped once a change request is received, and payments will be issued via check until the new banking information is verified and updated.

Account Type (Select only One)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Banking Information

Only US banking information can be included on this form for payment

Banking information:
Routing number is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of a check. Include all leading zeros in the account number.
Contact your financial institution for help with routing and account numbers.

Notes:

- For first time ACH payments, pre-notification is required, which may take up to 10 days. Payments made before pre-notification process is complete will occur by check.
- ACH payments will only be made to U.S banks.
- For updates/changes, both **Old/Prior** and **New** information is required to process the request.
- Please note that representatives from our Shared Services Center may call to verify addresses and/or banking information. The call will come from a Sandersville, GA "478" area code.

If you are changing bank information, please list old and new

Transaction Type	<input type="checkbox"/> Change Bank Information	<input type="checkbox"/> Add Bank Information
	Old/Prior	New
Name on Account		
Bank Name		
Routing Number		
Account Number		
Re-enter Account Number		

Authorized Signature

This signature signifies acceptance of the terms and conditions in the agreement below.

ACH Contact Name:			
Email for ACH Confirmation: <i>*Required</i>			
Print First & Last Name: <i>*Required</i>			
Signature of Authorized Individual: <i>*Required</i>	Date:		

AGREEMENT: *Original, handwritten signature OR electronic signature with date/time stamp*

- I hereby authorize USG 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 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 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 SCC, 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.