

Return via mail or fax to: Kennesaw State University Office of Fiscal Services 3391 Town Point Dr Suite 3700, MD 9110 Kennesaw, GA 30144 Phone: 470-578-6214 Fax: 470-578-9187	 KENNESAW STATE UNIVERSITY 4300B Vendor Registration and Substitute W-9 Form	Do Not Send to the IRS
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Instructions

1. This form is for the type of vendors listed below who need to be entered into the 4300B vendor system for payment or reimbursement.
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 one (1). Complete and sign page two (2) if direct deposit of funds is preferred.
4. Fax or mail the form to the information shown above or submit via DocuSign, sendafile.kennesaw.edu or ServiceNow.
 For security reasons, DO NOT EMAIL this form.

I am a(n): KSU Student <input type="checkbox"/>	KSU Club with own EIN# <input type="checkbox"/>	Choose Setup Type: New Setup <input type="checkbox"/>	
KSU Employee <input type="checkbox"/>	Interview Candidate (travel reimbursement only) <input type="checkbox"/>	Reactivation <input type="checkbox"/>	
High School Student <input type="checkbox"/>	International Student/Employee* <input type="checkbox"/> <small>*(W-8BEN & FNIF required)</small>	Update Information <input type="checkbox"/>	

Legal Name			
Taxpayer Identification Number (TIN) / SSN			
Physical Address: Number/Street Name			
Address (Line 2)			
	City:	State:	Zip Code:
	Phone Number:	Email Address:	

Remit To Address

Check here if same as the physical address: <input type="checkbox"/>			
Mailing Address:			
Address (Line 2):			
	City:	State:	Zip Code:

KSU Point of Contact Name:	
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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 Information 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 from 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:

Date Signed (populates when signed):

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KENNESAW STATE
 UNIVERSITY

4300B Vendor Registration and Substitute W-9 Form

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Direct Deposit Setup

1. Direct deposit is optional for KSU 4300B 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)

- Start Change Change only for employee travel reimbursement
 Stop Decline direct deposit and receive payment by check (leave information below blank) Name change only

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.

Re-Enter Account Number:

Please provide any leading zeroes.

Bank Account Type:

List account type below if "Other"

Checking Savings Other

ACH Deposit Contact Information (Optional)

If you would like notification of payment to be sent to yourself or someone else, please list the contact below.

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:

Date Signed (populates when signed):