

Send completed form by Scan & Email to _____ or Fax to _____

To be completed by Vendor – If sales will be less than \$2,000 and satisfied by Purchasing Card, do not complete this form.

VENDOR INFORMATION

☐ New Vendor ☐ Change to Existing Vendor

Vendor Name (dba) _____ Tax Filing Name (if different) _____
Taxpayer ID or Social Security Number _____ Contact Person _____ Title _____
Physical Address _____ Mailing Address (if different) _____
City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
Phone (____) _____ Fax (____) _____ Email _____

Payment Terms are Net 30 unless otherwise negotiated as follows: _____

Tax Filing Status:

- ☐ Sole Proprietor/Individual
☐ Partnership, LLC, or Trust
☐ Corporation
☐ Tax-exempt org
☐ Other _____

Describe goods or services provided: _____

If Vendor performs services or receives rents from the Church in California, Vendor's state of residence: _____

U.N. Standard Product & Services Classification, if known (www.unspsc.org): _____

List any relationships or other circumstances that might create a conflict of interest between Vendor and Buyer and/or The Church of Jesus Christ of Latter-day Saints: _____

TAX CERTIFICATION

(Substitute W-9)

The Internal Revenue Service (IRS) requires this certification to avoid backup tax withholding. If the IRS has notified Vendor that it is subject to backup withholding because it failed to report interest and dividends on its tax return, cross out item 2 below, initial your cross-out, and sign the certification as to items 1 and 3.

The United States Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup tax withholding. Under penalty of perjury, I certify that each of the following is correct:

- (1) Vendor's Taxpayer Identification Number provided above is correct, (2) Vendor is not subject to backup withholding for one of the following reasons: (a) Vendor is exempt from backup withholding, or (b) The IRS has not notified Vendor that Vendor is subject to backup withholding as a result of failure to report interest or dividends, or (c) The IRS has notified Vendor that Vendor is no longer subject to backup withholding. (3) Vendor is a U.S. person.

Signature _____ Printed Name _____ Title _____ Date _____

ELECTRONIC FUNDS TRANSFER AGREEMENT (Payments in US\$)

☐ Vendor requires payment by check rather than EFT

By signing below you agree to accept payment by EFT. The following terms apply.

1. Buyer will make EFT payments to the financial institution and account number you provide below.
2. You must make changes in enrollment information in writing at least 14 days prior to the effective date.
3. Payments will be considered made when your financial institution has received or has control of the payment (which may not coincide with posting to your account).
4. Buyer can adjust future payments if payments previously made are found to be duplicates, excessive, in error, or there is any other basis for adjustment under an agreement of the parties.
5. Buyer is not responsible for any loss arising from error, mistake or fraud in the information you provide or from a loss of data caused by the actions of another.
6. Either party may terminate this agreement upon 14 days written notice.
7. Payments will be governed by Article 4A of the Uniform Commercial Code as adopted in Utah.
8. This agreement does not change the rights and obligations contained in any negotiated agreement. Such agreement prevails.

Beneficiary Bank Info: Bank Name: _____ ABA/Routing#: _____ City: _____

State: _____ Correspondent Bank Name & ABA Number (if needed): _____

Beneficiary Info: Name on Bank Account: _____ Account #: _____

Preferred Payment Notification Method: ☐ eMail ☐ Fax

Primary EFT Payment Method: ☐ ACH ☐ Wire

I declare that all banking data provided herein is correct and I authorize electronic payments to the account number above under the terms and conditions of this agreement.

Signature _____ Printed Name _____ Title _____ Date _____

This section to be completed by LDS Church personnel requesting vendor action

Title	Printed Name	Signature	Date
Requestor _____	_____	_____	_____

Reminder: To complete vendor set-up or modification, send this document to Central Accounts Payable.
Submission of this completed form, together with department payment approvals signifies that this vendor is necessary and qualified for use.