

Instructions – Vendor/Payment Setup Form

1. Incorrect or incomplete data may delay payment.
2. The information provided on this form needs to be for the entity actually providing goods or services to TriMet, either under contract or purchase order.
3. A voided check or copy of an original check for the account being deposited into is required to verify deposit routing information and account ownership.
4. If payment is being made to an account that does not have checks or deposit slips (Deposit Only Account), on company letterhead and under signature of the appropriate company official, please provide the following information:
 - Bank ABA number for ACH deposits
 - Account name
 - Account number
 - Contact name
 - Contact phone number
 - Email address for remittance advice notification
5. When payments are processed, a Remittance Advice detailing items paid will be sent by e-mail to the address shown on side 1 of this document.
6. Once your account has been setup to pay electronically, a test payment in the amount of \$.01 (1¢) will be sent to the account.

VENDOR/PAYMENT SETUP
(This form is to be completed by the vendor – see instructions on reverse side)

Vendor Name:		
Db:		
Tax ID # or Social Security #:		
Check appropriate box:	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt from backup withholding	
Mailing Address:		
Contact Name:		Title:
Contact Phone:		Fax No.:
E-mail address (for remittance advice information):		
Do you accept credit card payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

U.S. ELECTRONIC PAYMENT (ACH) BANK INFORMATION
You must attach either a voided check (or photocopy of an original) for verification of your account number and financial institution.

Bank Name:		
Bank Address:		
Phone Number:		
Bank ABA #: <i>(9 digits)</i>		
Account Name:		
Account #:		
Account type:	(Please check one) <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	

AUTHORIZATION
(must be completed by authorized representative)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).
4. I/(we) authorize TriMet to initiate variable entries to my (our) account described above in the U.S. Electronic Payment (ACH) Bank Information section of this document

Name <i>(signature of printed name):</i>	
Title:	
Date:	

TRIMET INTERNAL USE ONLY

Received by:	Entered by:	Vendor No.:
Date:	Date:	Vendor Type
		DMWESB: