Wyoming State Auditor's Office

Instructions for Wyoming Vendor Management Form

Save a Tree - Choose EFT

Please Note: For your protection, we will not accept email or fax to enroll or change Financial Institution Information. Failure to provide the requested information may delay or prevent your receipt of payments.

Check Box Section (Choose the appropriate option(s))

- **New Enrollment or Re-Activation:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information. Temporary/counter checks will not be accepted.
- **Vendor Name/Address Change or Add Subsidiary Remittance Address:** Complete all information in Parts 1, 3, and 4.
- **New Direct Deposit Enrollment or Modify Existing Direct Deposit Information:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information. Temporary/counter checks will not be accepted.
- **Primary Contact Change or Discontinue Vendor:** Complete all information in Parts 1, 3, and 4.

Part 1: Vendor Name & Address

- **REQUIRED:** Provide an updated Form W-9.
- **Legal Business (if Company) or Individual Name:** The name of the business or person as it appears on the Social Security card or how you are registered with the IRS. Do not abbreviate names.
- **EIN/SSN:** Provide the Employer Identification Number or Social Security Number, as registered with the IRS.
- **Primary Address:** This is the default address and should match what is reported on Form W-9
- **Remittance Address:** This is the address where payments should be remitted. Complete if different from Primary Address.

Part 2: Direct Deposit Financial Institution Information (DD) – *Use only if requesting payment via Direct Deposit*

- **New DD Info (Use only to enroll in DD or modify DD Info):**
  - **Type of Account:** Check box indicating if account is a savings account or a checking account
  - **Name of Financial Institution:** Name of your financial institution
  - **Routing Number/ABA#:** Nine-digit number identifying the financial institution
  - **Account Number:** Vendor's financial institution account number
- **Previous DD Info (Use only if modification to DD Info):** For changes to financial institution information ***ONLY***. All fields are required, see prior step for definitions.
- **Discontinuation of Direct Deposit:** ***ONLY*** check box if you are selecting to stop receiving payment via Direct Deposit then complete the **Previous Direct Deposit Info** section.

Part 3: Vendor Contact Information

- **Contact Name:** Print the name of your primary contact
  - If providing an Employer Identification Number (EIN), on the Form W-9, contact ***MUST*** be someone who can make financial and/or legal decisions for the entity.
  - If providing a Social Security Number (SSN), on the Form W-9, contact ***MUST*** be the individual taxpayer registered with the IRS.
- **Contact Position Title (if Company) or Self (if Individual):** Provide the position title for the primary contact or Self if individual.
- **Email Address:** Provide the email address for the primary contact.
- **Phone Number:** Provide the phone number and extension, if applicable, for the primary contact

Part 4: Vendor Certification and Signature (All fields are required)

- **Authorized Vendor Contact Signature:** Provide an original signature of the primary contact. This ***MUST*** match the Vendor Contact Name in Part 3.
- **Date:** Please provide the date this form is signed by the primary contact.

Wyoming Vendor Management Form

Please return this form to the State Agency with whom you conduct business and remit invoices for payment.

☐ New Enrollment ☐ Re-Activation (Complete Parts 1-4 & Form W-9)	☐ Vendor Name /Address Change ☐ Add Subsidiary Remittance Address (Complete Parts 1,3,4 & Form W-9)	☐ New Direct Deposit Enrollment ☐ Modify Existing Direct Deposit Infomation (Complete Parts 1-4)	☐ Primary Contact Change ☐ Discontinue Vendor (Complete Parts 1,3,4)

Part 1: Vendor Name & Address

*Legal Business (if a Company) or Individual Name:		*EIN/SSN:	
*Primary Address:	*City:	*State:	*ZIP Code:
Remittance Address: (Complete if different from Primary)	City:	State:	ZIP Code:

Part 2: Direct Deposit Financial Institution Information (DD) - *Use only if requesting payment via Direct Deposit*

New Direct Deposit Info *(Use only to enroll in DD or modify DD info)*	**Previous Direct Deposit Info** *(Use only if modification to DD info)*
Type of Account: ☐ Savings ☐ Checking	Type of Account: ☐ Savings ☐ Checking
Name of Financial Institution:	Name of Financial Institution:
Routing Number/ ABA number:	Routing Number/ ABA number:
Account Number:	Account Number:

☐ **Discontinuation of Direct Deposit** *(Complete previous Direct Deposit Info section)*

Part 3: Vendor Contact Information

*Contact Name (Printed):	*Contact Position Title (if Company) or Self (if Individual):
*Email Address:	*Phone Number: Extension (if 800 number):

Part 4: Vendor Certification and Signature

I certify that I am the primary vendor contact for the State of Wyoming and I will submit all change requests.

*Authorized Vendor Contact Signature:	*Date:

For State Agency Use Only - REQUIRED

* Vendor Number: V C			
*Agency Name:	*Agency Number:	*Agency Address:	
*Contact Name:	*Title:	*SA Number:	*Phone Number:

* Required Field

ATTACH ORIGINAL VOIDED IMPRINTED CHECK HERE

If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information.