

TEXAS SOUTHERN UNIVERSITY

VENDOR SETUP FORM - NEW VENDORS

Section A - Vendor Type Information (select one category for each):

Type of Purchase (required)	escription		
Type of Vendor (<i>required</i>)	umber		
Publicly Traded 🔿 Yes 🔿 No 🔿 Medical/legal 🔿	State agency 🛛 🔿	Federal agency 🔿 Non-p	orofit 🔿 PLS
 Individual/sole proprietor (additional information needed below) 	Partnership 🔘	Other (additional information neede	ed below)
LLC taxed as (choose one of the following if applicable): O LLC taxe	d as corporation \bigcirc	LLC taxed as sole proprietor	
If you selected Individual/Sole Proprietor above, provide the	ollowing informatio	on:	
Individual/Sole Proprietor's Name			
Individual/Sole Proprietor's Social Security Number			
Partnership: If checked above, enter two partner's names and S corporation's Employer Identification Number (EIN).	ocial Security numbe	ers (SSN). If a partner is a co	orporation, use the
Partner's Name			
Partner's Social Security Number/EIN			
Partner's Name			
Partner's Social Security Number/EIN			
Foreign vendors confirmation (required if foreign vendor; do not compl	ete Section E if foreign	vendor):	
Check if non-resident alien Home country			
Section B - Vendor General Information:			
Vendor name			
Business name (if different)			
Mailing Address			
City	State	Zip Coo	de
Remit to (address for payment remittance):			
City	State	Zip Coo	de
Business Phone Toll-free Numb	er	Fax	

Section C - Purchase Order Setup:

Please check your preferred method of receiving purchase orders (required, select one only)	🔿 E-mail 🔿 Fax
E-mail (for PO Distribution if preferred)	
Fax (for PO distribution if preferred - include country and area codes)	
Section D - Historically Underutilized Business (HUB)	
Texas HUB Classification:	
O Texas certified HUB HUB Number	
Texas HUB Classification:	
\bigcirc Asian Pacific American \bigcirc Native American \bigcirc Black American \bigcirc Service-Disabled Veterar	\cap \bigcirc Hispanic American \bigcirc Women
Section E - W-9 Request for Taxpayer Identification Number and Certification (required if U	U.S. Citizen or U.S. Person):
Taxpayer Identification number	
Social security number	
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 num	mber 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 h Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all inte me that I am no longer subject to backup withholding, and	5
(3) I am a U.S. citizen or other U.S. person.	
Signature of U.S. person (required)	
Date Printed name	
Section F - International Payment Verification (Required)	
Will these payments be forwarded to a financial institution outside the United States? O Yes) No
Section G - Payment Account Information (for US financial institutions only) Completion	by financial institution is recommended
1234567891 00023456789* 2002	
ABA Check Routing Number Account Number Check Number	
Financial institution name Account	Type: 🔿 Checking 🔿 Savings
Routing number (nine digit code)	
The University pays vendors from multiple funding sources. The primary funding sources are from Univers	sity funds and from state of Texas funds.

The University pays vendors from multiple funding sources. The primary funding sources are from University funds and from state of Texas funds. The state of Texas funds are paid directly from the Texas Comptroller of Public Accounts. This form is designed to authorize payments from both the state of Texas and Texas Southern University.

Section H - Authorization for Direct Deposit and Advance Payment Notification Setup for the Texas Comptroller of Public Accounts (*Required for direct deposit*)

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution).

Authorized Signature (Required)		
Printed name	Date	
E-mail (required for direct deposit)		

By providing an e-mail address, I authorize notifications of payment(s) posting to my account.

For University use on	ly: Form was	submitted to Te	exas Comptroller?	🔘 Yes	🔘 No
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Section I - Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Southern University *Required for direct deposit)*

I hereby authorize Texas Southern University to deposit by electronic transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas Southern University shall deposit the payments in the financial institution and account designated above. I recognize if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Texas Southern University's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature	(Required)			
Printed name			Date	
E-mail (required for d	irect deposit)			

By providing an e-mail address, I authorize notifications of payment(s) posting to my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

I certify, to the best of my knowledge and belief, that:

- (1) The business or payee identified in this vendor application, and its principals, are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any State or Federal Department or Agency.
- (2) The information supplied herein, including all attachments, is correct to the best of my knowledge.
- (3) My firm is in compliance with Chapter 2155.003, Texas Government Code relating to Conflict of Interest.

Name of Person Signing Application	Title		
Signature		Date	

Instructions for preparing the Vendor Setup Form for New Vendors

Section A - Vendor Type Information:

Type of Purchase: Vendor shall identify if they provide tangible goods or services, and a brief description of the commodity.

Type of Vendor: Vendor shall identify, which one of the following vendor classifications, they qualify as: corporation (provide the corporate charter number), if organization is publicly traded or not, medical/legal, state agency, federal agency, non-profit (501 C), PLS, individual/sole proprietorship, partnership, LLC taxed as a sole proprietor, or LLC taxed as a partnership. If the company is an individual/sole proprietor or partnership, provide the name of the owner if sole proprietor/individual or the partner's name in the case of a partnership and the social security number of the owner if sole proprietor/individual or the partner's name in the case of a partnership.

Foreign Vendor Confirmation: Vendor shall confirm if they are a foreign vendor and the home country if applicable. (Note: Additional tax documents may be required if vendor has a foreign status. E-mail: <u>vendorsetup@tsu.edu</u> for questions.)

Section B - Vendor General Information: Provide the vendor's basic information so that it may be entered in to the vendor system. Please note that the Vendor name and Tax ID are required information items. *Remit To:* provide an alternate address for remittance of payments if direct deposit is not utilized.

Section C - **Purchase Order Setup:** Identify if the vendor prefers to receive purchase orders by fax or by e-mail. The University may set up distribution either way, but not both. As a reminder, the University requires a purchase order or a credit card for any purchase made by a University employee.

Section D - Historically Underutilized Business (HUB) If the vendor is qualified as a State of Texas Historically Underutilized Business (HUB), please provide the HUB number and identify the HUB classification.

Section E - **Substitute W-9 Form:** Provide the taxpayer information as required for initial vendor set-up. The form will have to be printed and contain an original signature in this section for set-up to conduct business with the University.

Section F - International Payment Verification: The vendor shall confirm if the funds from deposits received from the University will be forwarded to a financial institution or not. If you receive state payments by direct deposit which are forwarded from a United States financial institution to a financial institution outside the United States, please contact Texas Southern University at **713-313-1964** and e-mail: vendorsetup@tsu.edu.

Section G - **Payment Account Information:** Completion by financial institution is recommended. **Important:** Your direct deposit account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information. **Note:** A prenote test will be sent to your financial institution for the account information entered into the system. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Note: The University receives funding from various sources. Each type of funding (University, State of Texas, Federal, Grant) will be handled differently. For vendors receiving State appropriated funds, those funds will be by paid directly from the Texas Comptroller of Public Accounts. If the vendor elects to receive paper checks, the vendor will receive a separate check from the Comptroller for any portion paid on appropriated funds and a separate check for any portion paid on any other type of funding (University, Federal, Grant). If the vendor elects to receive direct deposits and advance payment notifications, those payments and notifications will come from different sources. Therefore, it will be required that the vendor authorize direct deposits and payment notifications for both the Texas Comptroller of Public Accounts and Texas Southern University.

Section H - Authorization for Direct Deposit and Advance Payment Notification Setup for the Texas Comptroller of Public Accounts (Required for direct deposit): Provide the contact name, date, and e-mail to which payment notifications are to be sent for direct deposits. Notifications are sent for direct deposit payments only, and e-mails are sent one business day prior to the deposit.

Section I - Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Southern University (Required for direct deposit): Provide the contact name, date, and e-mail to which payment notifications are to be sent for direct deposits. Notifications are sent for direct deposit payments only, and e-mails are sent one business day prior to the deposit.

Once this form is completed, and signed, please fax to 713-313-1964 or e-mail: vendorsetup@tsu.edu.