

MASON COUNTY VENDOR INFORMATION



After completing all sections of this form, please return to Financial Services:

Email: FinService@masoncountywa.gov

Fax: 360.427.7758

Mail: Auditor - Financial Services

In Person: 411 North 5th Street

PO Box 400

Building 1 - Main Floor

Shelton, WA 98584

Shelton

Prior to any payment made by Mason County a Vendor Information form must be completed. This form is used in place of IRS form W-9. Tax information will be verified with the IRS. For any questions regarding this form please contact 360.427.9670 x474 or the email address above.

PLEASE TYPE or PRINT INFORMATION CLEARLY. Inaccurate information will delay your payment.

Provide the name that you want on your check. This name **MUST** match the named individual Social Security Number or the Business TIN/EIN (IRS Tax/Employer Identification Number). This is the name that appears on your IRS income/business tax return. **DO NOT LEAVE BLANK.**

CHECK PAYABLE TO: _____

MAILING

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

Enter your IRS issued Social Security Number **OR** your Tax Payer Identification Number below:

SOCIAL SECURITY NUMBER

TAX PAYER/EMPLOYER IDENTIFICATION #

- -

OR

-

Check the box for IRS tax classification of the person or business. **CHECK ONLY ONE BOX BELOW**

Individual Partnership Sole Proprietor Non-Profit Corporation
 Corporation: Circle type **S** or **C** Volunteer Governmental Entity
 LLC, for LLC please select which type: ___ Corporation ___ Partnership ___ Sole Proprietor

For Washington businesses, provide your UBI number: _____

Are you now, or have you been, part of the Washington State retirement/pension system? _____

If you would like to receive your payment via EFT (Electronic Funds Transfer) to your bank of choice, you must fill out and submit the second page of this vendor information form.

Under penalty of perjury, I certify the information shown above is the correct taxpayer identification number:

Signature: _____

Date: _____

Printed Name: _____

Title: _____

FOR COUNTY USE ONLY BELOW THIS LINE.

County Department requesting vendor to be created: _____

Contact Name: _____

Phone Extension: _____

THIS SECTION IS FOR AUDITOR'S FINANCIAL SERVICES USE ONLY

Munis Vendor #: _____

Entered in Munis: _____

On: _____

IRS verify & scan:

Notified Dept: _____



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

This form is to be used in conjunction with the Mason County Vendor Information form.

Prior to any EFT (Electronic Funds Transfer) payment made by Mason County to a vendor this portion of the vendor form must be filled out. A prenote confirmation of your banking information will be sent to your bank prior to any payment being made. The information will be used to make EFT payments on all claims that are due and approved for payment.

PLEASE TYPE or PRINT INFORMATION CLEARLY. Inaccurate information will delay your payment.

VENDOR INFORMATION

Name on bank account: _____

Remittance Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Contact Name: _____

Contact Phone: _____

Contact Email: _____

IMPORTANT: This email address will receive all payment information

BANKING INFORMATION

Bank Name: _____

Bank Branch: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

9 Digit ABA Routing #:

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If possible, supply a voided check or a bank letter confirming information.

COMPLETE Account #: _____

Account Type: Checking: Savings:

By signing, I hereby authorize Mason County to make EFT payments to the financial institution listed above. This agreement will remain in effect until Mason County receives, in writing, any changes.

SIGNATURE

TITLE

DATE

THIS SECTION IS FOR AUDITOR'S FINANCIAL SERVICES USE ONLY

Munis Vendor #: _____

Prenote to bank on: _____ Bank response: Confirmed prenote Denied prenote

Updated Munis vendor file by/on: _____

Information approved by: _____ Second Review by: _____