Date Completed \_\_\_\_\_



## Office of Purchasing and Travel - Vendor Registration Form

This form <u>must</u> be accompanied by a W-9 <u>and</u> direct deposit authorization to be processed. If vendor can't receive payment via direct deposit, attach an explanation as to why. Exceptions to the requirement that vendors receive payment via electronic means will be considered on a case by case basis.

Vendor Name \_\_\_\_\_ Tax ID#/SSN \_\_\_\_\_

Remittance Address, City, State, Zip Code \_\_\_\_\_

Website URL \_\_\_\_\_

Type of Service or Product Offered \_\_\_\_\_\_

Please check all that apply:

Women Owned	Veteran Owned	Small Business	Asian Indian
Native American	Asian Pacific	Black American	Hispanic American

Are you a certified DBE? \_\_\_\_ If yes, please include your certification.

**Conflict of Interest Declarations -** If you answer "Yes" to either Conflict of Interest Statement, please attach documentation that identifies the relationships that intersect with JSU employees.

1. Does any JSU employee serve as an officer, director, or partner of this company?

Corporate Address, City, State, Zip Code \_\_\_\_\_

2. Does JSU provide employment for any party (or member of the party's immediate family) who has a 5% or greater ownership interest in this company? \_\_\_\_\_

I certify that the entity being registered as a vendor with this documentation is registered and in good standing with the Mississippi Secretary of State's Office.

Name & Date	Signature of Authorized Official
Phone	Email Address for Receipt of POs

Email completed forms (including Direct Deposit & W-9) to <u>purchasing@jsums.edu</u>. You can also fax to 601-979-9139.

J# \_\_\_\_\_

Jackson	n State University 🋠 Office of Financial Services Vendor Authorization Form Direct Deposit		
Vendor's Name			
Contact Name			
Address			
Clty	State Złp Code		
Tax ID #			
	The vendor has the right to modify this authorization at anytime.		
PLEASE CHECK ALL THAT A	PPLY		
New Application	<b>Change of Financial Institution OMODIFIED FINANCIAL Institution</b>		
Please contact your financial institution if you need assistance with the following information. Note that Direct Deposit Refunds can only be applied to accounts at domestic (U.S.) financial institutions.			
Bank Name	City State		
TYPE OF ACCOUNT - P	LEASE CHECK ONE:		
Checking or Mon	ey Market Account (Atlach a volded check below to verify account Information)		
Savings Account			
TRANSIT ROUTING (AB/ NUMBER	N		
ACCOUNT NUMBER			
l hereby authorize:	ize: (1) Jackson State University to deposit my funds via Direct Deposit, (2) My financial institution to credit my account, and (3) Jackson State University to initiate and my financial Institution to make adjustments to my account for any incorrect credits/payments which may occur.		
This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. All requests for changes should be submitted to Jackson State University at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.			
Slgnature	Date		
Print Name	Title		
Emall	Phone Number		

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