



Complete and Return to: <b>USG Shared Services Center</b> 1005 George J. Lyons Pkwy Sandersville GA, 31082. You may also fax the form to (478) 240-6414.	<h2 style="margin: 0;">Supplier Authorization Form</h2> <p style="margin: 0;">Supplier Information Form and Substitute For W-9.</p> <p style="margin: 0; color: blue;"><b>Do not use this form for students or employees of USG institutions.</b></p>	<b>Do Not Send This Form to IRS</b>
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**Thank you for your interest in doing business with and becoming an active Supplier with the University System of Georgia.**

**Instructions:**

1. Complete pages 1 - 3 of this form electronically. The preferred method for completing this form is electronically; if you choose to complete the form by hand, please print legibly in black ink and clearly distinguish numbers for example, use 0 for zero and 7 for seven.

**Note:** To prevent a delay in your registration which could result in a delay in payment to you or your organization, complete each section of this form.

2. Print and sign the form.

3. Send the form to the University System of Georgia Shared Services Center using one of the following methods:

- Mail to the USG Shared Services Center (see address above)

- Fax to (478) 240-6414

- Hand deliver to the institution for upload to the Shared Services Center secure FTP server

**Important** - To ensure the protection of your personal information, identification numbers, and banking information **DO NOT EMAIL** this form.

**Foreign persons who are non-residents for US Tax purposes do not complete this form. Instead, complete the IRS Form W-8 BEN available at:**

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Legal Name (Name Used On Tax Filing):					
DBA (Doing Business As) Name:					
Taxpayer Identification Number (TIN):				<input type="radio"/> Employer ID Number (EIN) or <input type="radio"/> Social Security Number (SSN)	
Is this For New Supplier Addition or Change Of Existing Information?		<input type="radio"/> Add <input type="radio"/> Change - Existing Supplier ID #			
Name of Requesting USG Institution					
Contact Person At Requesting USG Institution					
Physical Mailing Address		<i>Where tax information and general correspondence are to be sent. If the purchase order address and payment (remit) address are the same as the physical mailing address, specify by selecting the Same as Physical Mailing Address check box for each. If they are different, specify each address.</i>			
Address (Street Name/No.)					
City:		State:		Zip:	
Telephone:		Fax:		Email:	
Website URL:					
Purchase Order Address:		Required if different from the physical mailing address. If the address is the same as the physical mailing address, select the <b>Same as Physical Mailing Address</b> check box. <input type="checkbox"/> Same as Physical Mailing Address			
Address(Street Name/No.)					
Contact Name:					
City:		State:		Zip:	
Telephone:		Fax:		Contact Email:	
Payment (Remit) Address:		Required if different from the physical mailing address. If the address is the same as the physical mailing address, select the <b>Same as Physical Mailing Address</b> check box. <input type="checkbox"/> Same as Physical Mailing Address			
Address(Street Name/No.):					
Contact Name:					
City:		State:		Zip:	
Telephone:		Fax:		Contact Email:	

**Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
- 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 I am no longer subject to backup withholding,
- I am a U.S. person (including resident alien).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must un-check the second check box above and cross out the certification to its right if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature of U.S. Individual:		Date:	
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## Supplier Authorization Form

Required Supplier Identity & Classification

**Do Not Send to IRS**

### Entity Type

- Individual
- For-Profit Corporation
- Tax-Exempt Corporation

- Other Tax-Exempt Entity
- Governmental Entity  
*(Federal, State, Local or other U.S. Governmental unit or agency)*
- Non-U.S. Governmental Unit or Agency

Exemptions *(see instructions)*

Exempt payee code (if any)

Exemption from FATCA reporting code  
(if any)

**State of Incorporation:**

**President or CEO:**  
*(Listed with Secretary of State)*

**Chief Financial Officer:**  
*(Listed with Secretary of State)*

**Primary Business Contact:**  
*(Listed with Secretary of State)*

### Supplier Business Type

Are you primarily a Supplier of services?  Yes  No

Have you registered with the federal E-Verify Program?  Yes  No

E-Verify Company Identification Number

If providing a service, what type?

- Rent
- Attorney/Legal
- Other

### Supplier Type Information Required

Based on the State of Georgia classification in the link below, would your organization be considered a small business?  Yes  No

<http://www.georgia.org/business-resources/small-business-resources/Pages/small-business-tools.aspx>

Based on the State of Georgia classification in the link below, would your organization be considered a minority business?

<http://www.georgia.org/business-resources/small-business-resources/women-minority-business/Pages/default.aspx>

Yes  No

If yes, please select your minority category to the right.

#### Minority Categories

- African American
- Asian American
- Hispanic/Latino
- Native American
- Pacific Islander

According to the Department of Administrative Services (DOAS) classification in the link below, are you a Georgia resident business?  Yes  No

<http://doas.georgia.gov/Suppliers/pages/SupplierFAQ.aspx>



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## Supplier Authorization Form

Electronic Payment Authorization

**Do Not Send to IRS**

**Method of Payment**     Check                      **Direct Deposit**     ACH                      *(Direct deposit information required for ACH.)*  
*(Authorized Signature required for Check or Direct Deposit.)*

**Direct Deposit Information - Action Required (Select only One)**

**Start**                       **Change**                       **Stop**                       **Name Change Only**

**Account Type (Select only One)**

**Individual Checking**                       **Individual Savings**                       **Corporation**

**Account Number (Required for Direct Deposit)**  
*Clearly distinguish numbers for example, use 0 for zero and 7 for seven.*

**Bank Name**

**Routing Number:**

**Account Number:**

**Re-enter Account Number**

**Authorized Signature (Required for Check and Direct Deposit)**

**ACH Contact Name:**

**Email For ACH Confirmation (Required) :**

**Signature of U.S. Individual:**

**Date:**

**THIS FORM MUST BE SIGNED AND DATED BY PAYEE FOR DIRECT DEPOSIT OR CHECK.**  
*For direct deposit only, the signature above also signifies acceptance of the terms and conditions in the AGREEMENT below.*

**AGREEMENT** - I hereby authorize USG or any affiliated institution to electronically deposit all invoice payments to my account in the financial institution listed above. In the event that a USG institution notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to the institution as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to the USG institution is not possible, I agree to immediately repay any erroneous deposits to the institution. I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by the USG institution in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to the institution, I hereby authorize the institution to recover such amounts by deducting them from any future payments until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until USG Shared Services Center has received written notification from me of its termination in such time and manner as to afford USG SSC, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to the USG institution. I certify that I am authorized to sign on behalf of my company.

**Electronic Authorization for Payment Instructions**

*All boxes must be complete. Do no leave information blank.*

The form will start, change or stop electronic payment for all payments received by you from a USG institution. This does not apply to employee salary payment.

**Name:**

Please be sure your last name on this form matches the last name on the W-9 on file with the Purchasing & Disbursement Services Office. Your electronic payment will not start if the last name does not match.

**Action Required:**

1. Select **Start** if you don't have electronic payment and wish to.
2. Select **Change** if you have electronic payments and wish to change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by check.
3. Select **Stop** if you wish to stop your electronic payment.
4. Select **Name Change Only** if you are changing only your name to correspond to your W-9 or need to change contact information. Complete the top portion of the form, sign and date it.

**Routing Number and Account Number:**

Routing Number is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your check. Also, please make sure the account number on this form is correct including any leading zeroes. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**Note:** For first time ACH payments, pre-notification is required and direct deposit will begin within 10 days after a pre-note is initiated.

**Note:** Electronic payments will only be made to U.S. banks.

For questions about this form please call (478) 240-6500 or email us at [vendor\\_registration@ssc.usg.edu](mailto:vendor_registration@ssc.usg.edu)



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**General Instructions**

**Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code*.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 --An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 --The United States or any of its agencies or instrumentalities
- 3 --A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4 --A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 --A corporation
- 6 --A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 --A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 --A real estate investment trust
- 9 --An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 --A common trust fund operated by a bank under section 584(a)
- 11 --A financial institution
- 12 --A middleman known in the investment community as a nominee or custodian
- 13 --A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A --An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B --The United States or any of its agencies or instrumentalities

C --A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D --A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E --A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F --A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G --A real estate investment trust

H --A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I --A common trust fund as defined in section 584(a)

J --A bank as defined in section 581

K --A broker

L --A trust exempt from tax under section 664 or described in section 4947(a)(1)

M --A tax exempt trust under a section 403(b) plan or section 457(g) plan