



A member of the Texas State University System

Submit to: FI Master Data Center      FORM #FS-01  
 JCK 564  
 Phone : (512) 245-9284 / (512) 245-8817  
 Fax: (512) 245-8990

**Vendor Maintenance Form / W9**

SAP Vendor Number (optional)
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**Instructions:** Vendor must complete Sections A, B,C or D, and F and sign Section C or D and F, and send to the fax number above. Vendor named herein agrees to indemnify & hold Texas State harmless for delays in payment due to disasters or other emergencies.

**SECTION A – VENDOR GENERAL INFORMATION: (Select one box of each line)**

Type of Purchase	Materials	Services	Both		
Type of Vendor	Corporation	Individual/Sole Proprietor	Partnership	Non-Profit	Other
	Medical/Legal	State Agency	Federal Agency	(Staff, Faculty or Employees use form FS-02)	
Foreign Vendors Only:	Non-Resident Alien	Home Country	ITIN		

**SECTION B – VENDOR DETAILS:**

Vendor Name \_\_\_\_\_

Business Name (if different) \_\_\_\_\_

Mailing Address: (For Purchase Orders or correspondence)

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Remit to Address: (If different)

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

**SECTION C – PAYMENT ACCOUNT INFORMATION (for US banks only):**

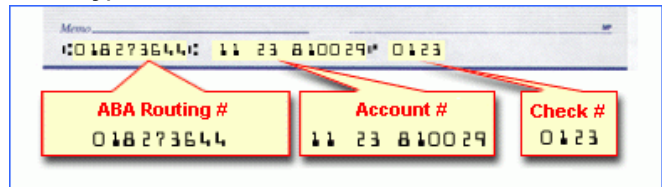
Bank Name \_\_\_\_\_

Account Type      Checking      Savings

ACH Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Email \_\_\_\_\_



to receive payment notifications

I hereby authorize Texas State University and the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas State University and the Comptroller shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that 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 the Texas State University's and Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

**X**

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Authorized Signature      Printed name      Date

**SECTION D – ELECTRONIC PAYMENT EXEMPTION:**

I claim exemption and request payment by state warrant (check) because:

**X**

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Authorized Signature      Printed name      Date

