

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

OSU Internal Use Only: Any external-to-OSU communication containing sensitive information should include "osusecure" in the email subject line. See [OCIO KB04012](#) with questions. Contact your Supplier Maintenance Team with questions.

Payee Setup Form

Page 1: IRS Substitute W9 and Contact Information for Non-US entities

General Information <small>Complete all fields as directed</small>														
Are you a current or former OSU Employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Enter your Employee ID										
<input type="checkbox"/> Individual Name	First		Middle		Last									
OR			DBA Business Name or Disregarded Entity Name											
<input type="checkbox"/> Legal Business Name														
Phone	Additional Phone	Business Contact Name												
FAX	Remittance Email	Purchase Order Email												
Remittance/Billing Address														
<input type="checkbox"/> Mailing/PO location														
<input type="checkbox"/> Other	City	State/Province	Region/County	Zip/Postal Code										
Additional Address														
<input type="checkbox"/> Mailing/PO location														
<input type="checkbox"/> Other	City	State/Province	Region/County	Zip/Postal Code										
1099 Income Reporting Address														
<input type="checkbox"/> Mailing/PO location														
<input type="checkbox"/> Other	City	State/Province	Region/County	Zip/Postal Code										
Federal Tax Classification <small>Select ONE Classification and provide all other applicable information.</small>														
<input type="checkbox"/> Individual	Date of Birth (MM/DD/YYYY)		Required by State Law											
Select type:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-resident Alien*- Country of Citizenship:											
*Additional documentation required. See instructions for details.														
<input type="checkbox"/> Sole Proprietor/Single Member LLC (Disregarded)	Date of Birth (MM/DD/YYYY)		# of Employees											
Required by State Law														
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/Estate											
<input type="checkbox"/> LLC= C Corporation	<input type="checkbox"/> LLC= S Corporation	<input type="checkbox"/> LLC= Partnership	<input type="checkbox"/> Other											
<input type="checkbox"/> Government/Tax exempt agency	<input type="checkbox"/> Foreign (W-8 form required)	Exemption from FATCA:	Reporting code (if any)	Exempt Payee Code (If any)										
Taxpayer Identification Number <small>Required for US Citizens, Resident Aliens, and US Businesses</small> <small>Select ONE and input the 9 digit number in the box below without dashes.</small>														
<input type="checkbox"/> Federal Employer Identification Number (FEIN)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													
OR														
<input type="checkbox"/> US Social Security Number (SSN/ITIN)														
Certification* - Under penalties of perjury, I certify that: I am exempt from backup withholding and/or FATCA reporting. I am a U.S. citizen or other person as defined in IRS forms W-9 or W-8BEN Instructions. I certify that the information shown is correct to my knowledge. I certify that I have read and understand The Ohio State University Wexner Medical Center's Supplier/Payee Interaction Policy, and will abide by it. If any certification does not apply, strike through the specific section before signing. Please provide an explanation of the change to the document.														
Print Name			Date											
Signature <small>(Digital Accepted)</small>			Title											

Payee Setup Form

Page 2: Payment Information, Federal and State Certifications

Reason for Payment	
<p>If you are not providing a good or service, please select the type of payment from the Miscellaneous Reasons list.</p> <p>Type of Goods/Services Provided: _____ Miscellaneous Reasons: _____</p>	
Payment Terms	
<p>The preferred method of payment for The Ohio State University is Electronic Funds Transfer (EFT) via Automated Clearing House (ACH). The university has developed standard terms for supplier payments as detailed below. Please select one:</p> <p> <input type="checkbox"/> Net 60 default <input type="checkbox"/> 1%/45 Day/Net 60 <input type="checkbox"/> 2%/30 Day/Net 60 <input type="checkbox"/> 3%/15 Day/Net 60 <input type="checkbox"/> Net 90 terms for printed checks </p>	
Business Information	
<p>Check all that apply:</p> <p> <input type="checkbox"/> Construction <input type="checkbox"/> Distributor (WholesaleTrade) <input type="checkbox"/> Educational Institution <input type="checkbox"/> Government UEI Number _____ </p> <p> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Non Profit <input type="checkbox"/> Retailer <input type="checkbox"/> Other Website _____ </p>	
Federal Supplier Certifications US-based Suppliers Only	
<p>Complete the following section with classification status as defined in Federal Acquisitions Regulations (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: https://sam.gov/SAM/</p> <p> Check all that apply: <input type="checkbox"/> Small Business: Number of Employees <input type="checkbox"/> Large Business <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Veteran-Owned Business </p> <p> <input type="checkbox"/> Woman-Owned Business <input type="checkbox"/> Located in Hub zone <input type="checkbox"/> Disadvantaged Business (Minority) <input type="checkbox"/> Minority-based Institutions (Historically Black Colleges & Universities) </p>	
Ohio Supplier Certifications Ohio-based Suppliers Only	
<p>Complete the following section for all applicable Ohio supplier certifications below: https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency</p> <p> <input type="checkbox"/> Women Business Enterprise (WBE) <input type="checkbox"/> Veteran Business Enterprise (VBE) <input type="checkbox"/> Minority Business Enterprise (MBE) </p> <p>All Business Enterprises: See http://eodreporting.oit.ohio.gov/searchMBE.aspx to verify status and attach your current certification letter.</p> <p> <input type="checkbox"/> Encouraging Diversity Growth & Equity (EDGE). See http://eodreporting.oit.ohio.gov/searchEDGE.aspx attach your current EDGE certification. </p> <p> <input type="checkbox"/> Ohio-Based Suppliers reference Buy Ohio (Ohio Revised Code Sections 125.09 and 125.11). </p> <p> <input type="checkbox"/> No Findings for Recovery: The Supplier warrants that it is <input type="checkbox"/> or is not <input type="checkbox"/> subject to any "unresolved" finding for recovery under Ohio Revised Code Section 9.24 </p> <p>Name of County where business is located: _____</p>	
Certification	
<p>Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which include The Ohio State University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with The Ohio State University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24.</p> <p>By signing below, the company agrees with 1 or more of the following:</p> <p> The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online The Ohio State University Purchasing Department standard PO terms and conditions available online The Ohio State University Wexner Medical Center standard PO terms and conditions available online </p> <p>*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.</p>	
Print Name	Title
Signature <small>(Digital Accepted)</small>	Date
<p>The Ohio State University reserves the right to request information concerning, but not limited to: financial status of applicant, business references, names of principal shareholders of corporation, and equal employment opportunity compliance.</p> <p>*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.</p>	



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF ELECTRONIC FUND TRANSFER (EFT) PAYMENTS

TYPE OF TRANSACTION: EFT - Domestic (US) EFT - Foreign Banks

SECTION 1 – CONTACT INFORMATION

Account Holder Name:		
Remit to Address:		Country:
City:	State/Province:	Zip/Postal Code:
Financial Contact Name:		
Contact Phone Number:		
Contact Email Address:		
Payment Remittance Email:		
US FEIN/SSN:		

SECTION 2 – OLD FINANCIAL INFORMATION (If changing, this is the information to which past OSU direct deposits have been sent)

Beneficiary Bank Name:	Currency to Pay: <input type="checkbox"/> USD <input type="checkbox"/> Other:
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address:	Additional Instructions:
Country:	Sort Code:
Routing Number:	Swift ID:
Bank Account Number/IBAN:	BIC:
Intermediary Bank Name:	Currency to Pay: <input type="checkbox"/> USD <input type="checkbox"/> Other:
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address:	Additional Instructions:
Country:	Sort Code:
Routing Number:	Swift ID:
Bank Account Number/IBAN:	BIC:

SECTION 3 – CURRENT FINANCIAL INFORMATION (Contact your beneficiary bank for confirmation of any intermediary bank instructions)

Beneficiary Bank Name:	Currency to Pay: <input type="checkbox"/> USD <input type="checkbox"/> Other:
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address:	Additional Instructions:
Country:	Sort Code:
Routing Number:	Swift ID:
Bank Account Number/IBAN:	BIC:
Intermediary Bank Name:	Currency to Pay: <input type="checkbox"/> USD <input type="checkbox"/> Other:
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address:	Additional Instructions:
Country:	Sort Code:
Routing Number:	Swift ID:
Bank Account Number/IBAN:	BIC:

SECTION 4 – AUTHORIZATION

This authorization agreement is effective as of the signature date and is to remain in full effect until revoked by the payee in writing, or terminated by The Ohio State University (the university). As a representative of the payee, you authorize the university to initiate credit entries to your account in the financial institution identified above and debit entries, if necessary, for any credit entries that are determined to be in error.

Once EFT has been set up, all payments will be made via EFT.

- It is the responsibility of the payee to keep the university informed of any changes in name, address, banking, contact, or other. Failure to do so may prevent you from being paid properly or receiving remittance information. Please report changes 30 days prior to change by submitting an updated EFT Authorization Agreement.
- EFT payments may take several days for processing through the banking system before they appear in your bank account.
- Intermediary and Beneficiary banks may apply fees or charges for EFT payments. The University is not responsible for these charges.
- When an EFT payment is processed, a system generated remittance email is sent containing the payment information and an Excel attachment.
- The system generated e-mails can go only to the address specified on the EFT form. Multiple emails cannot be sent.
- HTML format is required to read and open the system generated EFT remittance emails and attachments.
- It is the vendor's responsibility to "white list" osu@myworkday.com to ensure e-mails are received properly.
- If the remittance e-mails are not being received, contact the university to see if the email was returned "undeliverable" at apcustomerservice@osu.edu.
- If emails are not being returned to the university as "undeliverable" this indicates that they were successfully sent, and there is an issue on the receiving end. You will need to contact your IT department to resolve the issue.
- Failure to properly handle EFT remittances and apply EFT payments may result in termination of payments via EFT. You must submit one of the items listed in the "Payee Setup Form EFT Requirement" section as verification for the account listed on this Agreement

Name:

Title:

Signature:

Date:

SECURELY SUBMIT THIS COMPLETED FORM WITH YOUR ACCOUNT VERIFICATION TO YOUR UNIVERSITY, HEALTH SYSTEMS, OR OFFICE OF SPONSORED PROJECTS CONTACT.

Payee Setup Form EFT Requirements

You must submit one of the following as verification for the account listed on this Agreement

Voided check	Account Verification Bank Letter	Screenshot of Bank Website
Must Include:	Must Include:	Must Include:
Bank Name	Official Bank Letterhead Bank Name	Bank Logo
Account Holder Name	Bank Address	Bank Name
Account Holder Address	Account Holder's Name	Bank Address
Routing Number	Routing Number	Account Holder's Name
Account Number	Account Number	Routing Number
	Foreign Banks include Intermediary Bank information	Account Number
	- IBAN - BIC	Foreign Banks include Intermediary Bank information
	- Swift Code - Sort Code	-IBAN -BIC -Swift Code - Sort Code