



AUXILIARY SERVICES CORPORATION

W-9 / ACH

Vendor/Miscellaneous Payment Enrollment Form

Internal Revenue Code 6109, 31 U.S.C. 3322, 31 CFR 210 require you to provide your correct Tax Identification Number (TIN) to persons who must file information with the IRS to report interest, dividends, and certain other income paid to you. CSU Fullerton Auxiliary Services Corporation requests that the Vendor Information Form be used in lieu of IRS form W-9.

Please complete all sections below, sign and return via US mail to the address indicated below or faxed to the fax number listed.

RETURN FORM TO: 1121 N State College Blvd., Fullerton, CA 92831 FAX NUMBER: (657) 278-4153

SECTION I ( Required) PAYEE/COMPANY INFORMATION

Form section I containing fields for Name, Business Name, Tax Identification Number, Address, Contact Person, and Federal Tax Classification.

SECTION II (for ACH Option) FINANCIAL INSTITUTION INFORMATION

Form section II containing fields for Bank Name, ACH Coordinator Name, Telephone Number, Routing Number, Account Title, and Account Number.

By selecting this section I (We) hereby authorize CSU FULLERTON AUXILIARY SERVICES CORPORATION, to initiate debit entries to my (our) Checking, Savings or Lockbox account.

SECTION III SOCIO-ECONOMIC INFORMATION

Form section III containing checkboxes for Type of Business, Sm-Disadvantaged Business Prog, and Other Preference Programs.

SECTION IV CERTIFICATION OF DATA BY PAYEE/COMPANY

Form section IV containing fields for Name, Title/Position, Signature, Date, and Telephone Number.