

## 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 IN	FOR	RMATION					
NAME (AS SHOWN ON YOUR INCOME TAX RETURN)			CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION (required)						
				Individual/ Sole Proprietor□	C Corporation	S Corporation	☐ Partnersh	ip ☐ Trust/Estate[	
BUSINESS NAME/DISREGARDED ENTITY NAME or DBA, IF DIFFERENT THAN ABOVE						r Enter tax classification Exempt Payee			
TYPE OF TAX IDENTIFICATION NUMBER  SOCIAL SECURITY NUMBER (or) EIN			OTHER (Other entities. Enter your business name below as shown on required federal tax documents "Name" line. <i>This name should match the name shown on the charter or other legal document creating the entity.</i> You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.)						
ADDRESS/CITY/STATE/ZIP			_ Bu.	mess namer disregi	arded entity name in				
			PURCHASE ORDER ADDRESS/CITY/STATE/ZIP						
CONTACT PERSON NAME									
EMAIL			EMAIL						
TELEPHONE NUMBER	FAX NUMBER		TELEI	PHONE NUMBER		FAX NUMBER			
REMIT TO ADDRESS									
SECTION II ( C ACII C	Desdie on A Tribia B		T TOTAL	ON INFOR					
SECTION III (for ACH O BANK NAME (Branch City, State)	<i>pnon)</i> Final	NCIAL INSTIT	UII	ON INFOR	KWIATION				
			T						
ACH COORDINATOR NAME			TELER	PHONE NUMBER					
NINE-DIGIT ROUTING TRANSIT NUMBER	ER								
DEPOSITOR ACCOUNT TITLE									
DEPOSITOR ACCOUNT NUMBER				LOCKBOX NUMBER					
TYPE OF ACCOUNT	CHECKING	□SAVINGS			OCKBOX				
By selecting this section I (W my (our) Checking, Savings of		U FULLERTON A	UXII	LIARY SERV	ICES CORPO	ORATION, to	o initiate o	debit entries to	
SECTION III	SOCI	O-ECONOMIC	CINI	FORMATI	ON				
Type of Business	☐ Large Business-No Socio-	-Economic Designations	☐ Minor	ity SmBusiness	s Sm-Disadv/l	Minority Sm-L	Disadv Only	SmMin Only	
Sm-Disadvantaged Business Prog	Section 8 (a) Firm	□HUBZone			□ Emerging Sn	nall Business	□Won	nen-Owned Business	
Other Preference Programs	☐ Local Business	☐ Disabled Vete	ran						
SECTION IV	CERTIFICATION	N OF DATA BY	PA	YEE/COM	PANY				
NAME				TITLE/POSITION					
SIGNATURE			DATE			TELEPHONE NU	MBER		
S.S.W. TORLE			DITTE			. LLLI HONE NO			