

Electronic Funds Transfer (Direct Deposit) Authorization

Purpose of Form: To receive funds owed to you by Western through a direct deposit to your financial institution.

Instructions: Complete pages 1 and 2 and submit to one of the addresses listed at the bottom of the form.

Individual/Vendor Information

☒ Vendor ☐ Person

First or Vendor Name: Demco Inc

Last Name: _____

W# or last 4 digits of EIN/SSN: 39-1311089

Phone #: 800-752-7614

Financial Institution Information

Name of Financial Institution: BMO Harris Bank N.A

☒ Checking Account ☐ Savings Account

Voided Check (for checking account) or Deposit Slip (for savings account) is attached.

If voided check not attached, complete the information below:

Bank Routing Number: 071000288

Bank Account Number: 6800841

Please confirm with your banking institution that the numbers you are providing are accurate for the direct deposit process.

Terms and Authorization

In accordance with RCW43.41.180, I hereby authorize and request Western Washington University, until this authorization is revoked, to transfer the full amount of amount due on any invoices/reimbursements submitted to the designated financial institution for deposit in my account.



If any action taken by me, without adequate notification to Accounts Payable, results in non-acceptance of the transfer by the designated financial institution, I understand that Western Washington University assumes no responsibility for processing supplemental payments until the funds are returned to Western Washington University by the financial institution.

If the electronic transmission for this authorization for any reason results in an overpayment of the amount actually due and payable to me, I hereby authorize WWU to either withhold a sum equal to the overpayment from my next payment or seek full reimbursement by whatever means is appropriate.

Signature:

Marcia Lee Billing Dept Spec

Date:

3/14/17

Deposit Notifications and Changes

Your direct deposit will begin on the next available check run after the form has been processed by Accounts Payable Department.

Confirmation of the Direct Deposit will be sent to you via email.

Please provide an email address:

billing@demco.com

If you are changing your account number or financial institution, submit a new direct deposit request form.

To stop your direct deposit immediately, please call 360-650-6815. Otherwise, go to the Accounts Payable website at <http://www.wvu.edu/fs/ap/index.shtml>, click on "Forms," then complete and submit the "Cancel Direct Deposit" form.

Questions? Call 360.650.6815

Send this completed and signed form to:

University Mail System:

MS-1420

US Postal Mail:

WWU

Accounts Payable

PO Box 29420

Bellingham, WA 98225-1420

To protect your information, please send this form via one of the mailing addresses above, do not submit through email.



ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

☐ CCD+

☐ CTX

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

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ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME

DEMCO INC

SSN NO. OR TAXPAYER ID NO.

39-1311089

ADDRESS

PO BOX 7488

MADISON WI 53707-7488

CONTACT PERSON NAME:

GAYLEB BOUSHON, TAX SPECIALIST

TELEPHONE NUMBER:

(608) 241-1201

FINANCIAL INSTITUTION INFORMATION

NAME:

BMO HARRIS BANK N.A.

ADDRESS:

111 WEST MONROE STREET

CHICAGO IL 60603

ACH COORDINATOR NAME:

PAULA WALKER

TELEPHONE NUMBER:

(608) 252-5827

NINE-DIGIT ROUTING TRANSIT NUMBER:

0 7 1 0 0 0 2 8 8

DEPOSITOR ACCOUNT TITLE:

DEMCO INC

DEPOSITOR ACCOUNT NUMBER:

6800841 ***INTERNATIONAL WIRES SWIFT CODE: HATRUS44

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☒ CHECKING

☐ SAVINGS

☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

KURT BALLWEG, VP-FINANCE

TELEPHONE NUMBER:

(608) 241-1201

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210



New Vendor Information
Western Washington University
Accounting Services
360.650.6815

Instructions

This form is to be completed by the vendor.

Fax the following completed forms to: **Confidential Fax# 360.650.6810**

1. Vendor Information Form
2. Completed [W-9 Form](#) (required)
3. Direct Deposit Form (if selected direct deposit as payment option)

To better protect your information please fax your documents as requested, **do not email completed forms.**

Questions? Call WWU Accounting Services at 360.650.6815 or contact the person who provided you this form.

Vendor Request

- ☐ New Vendor
☒ Current Vendor – requesting to update vendor information

Vendor Identification

Vendor Name (legal business name): Demco Inc.
Doing Business As (DBA): _____
Federal Tax Id#: 39-1311089 UBI# (WA State Business License): 603-114-111

Vendor Primary/Sales Person Contact

Name: Order Entry
Position Title: _____
Email: order@demco.com
Phone: 800-356-1200

Vendor Customer Service Contact (if different from Primary Contact above)

Name: Customer Service
Email: custserv@demco.com
Phone: 800-962-4463

Purchase Order Information

Purchase Order (PO) will be sent to your email address:

Email Address (required): order@demco.com

Mailing Address: PO Box 7488

City: Madison

State: WI

Postal Code: 53707

Payment Information

Check/Payment is to be sent to (select one):

Send check/payment via US Mail to the address below:

Attention: A.R

Address: PO Box 8048

City/State/Zip: Madison WI 53708

Send via direct deposit (DD) to bank listed on the enclosed WWU Direct Deposit Form.

Vendor email address to send DD payment confirmation: billing@demco.com

Attestation

I hereby attest that the above information is true and accurate to the best of my knowledge.

Print Name: MARLA L. L.

Signature: Marla L. L. Date: 3/14/17

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Demco, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 4810 Forest Run Road	Requester's name and address (optional)
	6 City, state, and ZIP code Madison WI 53704	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
3	9	-	1	3	1	1	0	8 9

Part II 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); and
- 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 that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Aylee Boushman</i>	Date ▶ <i>1-5-2017</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.