



SUPPLIER (VENDOR) MANAGEMENT ADD/CHANGE FORM

The Vendor Liaison should submit this form to SAO Vendor Management Group for verification and approval. Agency Liaisons must complete Section 5 of the form to obtain approval. All necessary supporting documentation must be attached. (*Required fields)

SECTION 1 – SUPPLIER IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS) *NEW *EXISTING

*SUPPLIER NUMBER: _____ *FEI/SSN/TIN NUMBER: _____

*SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY #: _____ EXT: _____ SECONDARY #: _____ EXT: _____

LANDLINE CELL (USED FOR IDENTITY VERIFICATION)

FAX#: _____ CONTACT EMAIL: _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK OR SIGNED BANK LETTER)

(REQUIRED FOR ALL NEW SUPPLIERS OR CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #: _____ BANK ACCOUNT #: _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for SPECIFIC purpose. _____

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____ LOC#: _____

PYMT REMIT EMAIL: _____ LOC#: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer

Signature of Company Officer

Date

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY) REQUIRED

- | | | |
|--|---|---|
| <input type="checkbox"/> Classification Change | <input type="checkbox"/> Deactivate/Reactivate (Enter Justification in Section 4) | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Name/FEI/TIN Change | <input type="checkbox"/> Add/Change Address Addr#: _____ | <input type="checkbox"/> Other (Details in Section 4) |
| <input type="checkbox"/> Bank Account Add/Change Loc#: _____ | <input type="checkbox"/> HCM Vendor | <input type="checkbox"/> Statewide Contract (SWC) |

Documentation for Vendor Name/FEI/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc.); Confirmation from Secretary of State's office of legal name change; OR a newly completed W-9 form provided by the vendor.

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Women Owned |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified |

MINORITY BUSINESS ENTERPRISE (51% Owned):

- | | | |
|--|---|--|
| <input type="checkbox"/> Hispanic – Latino | <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Not Applicable |

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 - STATE OF GEORGIA AGENCY LIAISON CONTACT INFORMATION (COMPLETED BY AGENCY LIAISON ONLY) ALL FIELDS REQUIRED.

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____

Signature: _____ Date: _____

Email: _____ Phone: _____ Fax: _____