

	Vendor Application - Individuals (Revised 2-2021) ☐ New Vendor ☐ Update Vendor Info	UNIVERSITY USE ONLY Vendor #: _____ Entered by: _____
--	---	--

This application is for Individuals doing business under their SSN only. Business using a Federal Employer Identification Number (FEIN), must use the [Vendor Application – Businesses](#). This form must be submitted along with a **completed IRS W-9/W-8**. IRS documents can be found at: <https://procurement.wayne.edu/irs-tax-forms>. If a completed W-9/W8 is not received with this application, your application will not be accepted. Applications are taken by eMail Only.

Note, to digitally sign this document, it must be saved to your device, and opened using Adobe. Otherwise, the signature feature will not work properly.

Email completed applications to: purchasingdocs@wayne.edu	Wayne State University – Procurement 5700 Cass Avenue, Suite 4200 Detroit, MI USA 48202 Phone Number: (313) 577-3734
Submitter's Signature: _____	Date: _____
* I Certify that I have carefully examined this Application and I have determined that to the best of my knowledge and belief, the Information provided is complete and accurate	
Legal name: (Name that is used on your Federal Tax Return) _____ "commonly known as" Name, if different from above, i.e. DBA: _____ Former Name (s): _____	
Mailing Address: Line 1: _____ Line 2: _____ City: _____ State: _____ Zip _____ Country _____	Phone: _____ E-Mail Address: _____ Date of birth ____ / ____ / ____
Are you a Current Employee ☐ Yes ☐ No Current or Former Student ☐ Yes ☐ No	Are you a Former Employee ☐ Yes ☐ No Approx employment end date (mm/yyyy) _____

You must provide a valid Social Security Number (SSN) in order for the University to process payment(s). The University is required by Federal law where applicable to report payments, along with the SSN to Federal and State agencies. Failure to provide a correct name and Taxpayer Identification Number may subject your payments to a 28% federal income tax withholding. Additional withholding may apply for foreign individuals. Payment Terms are Net 30 , unless otherwise stated and agreed to by the University.	Enter your Social Security Number _____ - ____ - ____
Name of Person or Department at Wayne State with whom you anticipate doing business, if approved: _____	
Contact Name: _____ Department : _____	Phone: _____ E-Mail: _____

Conflict of Interest:

☐ Yes	☐ No	Are you or any Officer, Owner or Partner in this company an employee of Wayne State University, or have you been an employee within the past 24 months?
☐ Yes	☐ No	Are any family members of any Officer, Owner or Partner in this company employees of Wayne State University?
If yes to either above, please state who and explain and their University position or the family relationship (father, mother, sister, brother, child, etc.): _____		



WAYNE STATE
UNIVERSITY

Wayne State University

ACH Payment Agreement Form

Initial Enrollment

Modify / Update

Vendor / Payee Name:

Federal ID / SSN Number:

WSU Vendor / Payee Number:
(if known)

(If you've been paid by WSU before, this number can be located on your payment remittance stub)

Declaration:

I (we) hereby authorize **Wayne State University** (hereafter WSU) to initiate ACH automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize **WSU** to make necessary debit adjustments in the event a credit entry is made in error.

Further, I agree not to hold **WSU** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my institution or due to an error on the part of my financial institution in depositing funds into my (our) account. I will notify WSU immediately of any changes made to my checking account.

This agreement will remain in effect until **WSU** receives written notification of cancellation from me or my financial institution. Upon receipt of notice, I understand **WSU** will need 72 hours to comply with the request and interim deposits may occur.

Vendor / Payee Information:

Primary Phone Number:

Primary Fax Number:

Primary Email Address:

Vendor / Payee Banking Information:

Name of Financial Institution:

Branch/State:

Routing Number:

Checking Account Number:

Vendor / Payee Authorization:

Name:

Title:

Authorized Signature: _____ Date: _____

Please attached a VOIDED check or deposit slip to verify bank details and routing number.

This form must be returned to:

WSU - Disbursements - Suite 4100 AAB
5700 Cass Ave Detroit MI 48202
Or e-mail to vendorach@wayne.edu