

New Vendor Form

Purchasing Department - MVCSD –

VENDOR Services Provided-

(please include this info.)

SUBMITTED BY: N/A	MVCSD use only; DEPARTMENT NAME: PHONE NUMBER:
Vendor Name	Vendor Tax ID# Vendor SS#
1099- (simple test –typically, if vendor is a corporation they are not a 1099 vendor) Yes _____ No _____ (Please send copy of W-9.)	Government Status (SLBE, DBE, etc...) SLBE = Small Local Business Enterprise SLBE _____ DBE _____ WBE _____ MBE _____
Vendor Ordering Address	Vendor 'Remit To' Address
Contact Name : Title:	Phone: Fax: Email: Website: PLEASE PRINT CLEARLY
Purchase Order Dispatch Preference: (select one) “How does the vendor wish to receive Purchase Orders?”	
Mail: _____ Fax: _____ Electronic/email: _____; confirm Email Address here: _____	
Additional Information:	
○ When a new vendor needs to be entered into our system, complete this form in it’s entirety and return to the MVCSD Purchasing Department: 165 North Columbus Ave, Mount Vernon, New York 10552 #914.665.5000 fax #914.699.5093	
VENDOR REQUEST PLACEMENT ON BIDDERS LIST _____	
PLEASE COMPLETE EACH FIELD - WHERE NO INFORMATION IS REQUIRED ENTER –“NA”	

Please Print Clearly!

**Mount Vernon City School District
165 N Columbus Ave. Mount Vernon, NY 10553**



REQUEST FOR VENDOR PAYMENTS VIA DIRECT DEPOSIT (ACH) FORM

TO: ALL VENDORS
FROM: KEN SILVER, ASSISTANT SUPERINTENDENT FOR BUSINESS

SUBJECT: PAYMENTS VIA DIRECT DEPOSIT (ACH)

Mount Vernon City School District is in the process of making vendor payments electronically via DIRECT DEPOSITS (ACH). To facilitate payments directly deposited into your account via ACH, please complete the following:

NAME OF COMPANY/ORGANIZATION: _____

NAME OF CONTACT PERSON (ACCOUNTS RECEIVABLE): _____

CONTACT TEL. NUMBER (ACCOUNTS RECEIVABLE): _____

TAX IDENTIFICATION NUMBER: _____

NAME OF THE BANK: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

EMAIL ID FOR DEPOSIT NOTIFICATIONS: _____

Please return the completed information along with a copy of a voided check or bank letter to:

Stephanie Kinlaw, Deputy Treasurer, Accounting Office
Mount Vernon City School District
165 North Columbus Ave, Mount Vernon, NY 10553

By FAX: (914) 665-5218

Note: Vendor assumes responsibility to ensure that the District is provided with valid and current banking and contact information.

Date

Authorized signer