Suffern Central School District

New Vendor Request Packet

Authorization is
_____New
_____Change

Accurate and complete file information is necessary in order for Suffern Central to process purchase orders and payments to our vendors. The following procedure shall be used by Suffern Central personnel researching, requisitioning, ordering or preparing orders for materials or services from vendors.

It is the responsibility of the originator (teacher, staff member, etc.) to:

- Identify the below vendor information from CURRENT catalogs, telephone inquiries or internet sources
- **ALL** the information on page 1 is required (except the website). The vendor ***will not be added*** if any information is missing.
- A **W9** **MUST** be included with your submission. The vendor ***will not be added*** if there is no W9.
- Page 2 should be filled out by the vendor (if they choose to)
- Submit completed form to: **Purchasing@sufferncentral.org**

NAME OF COMPANY: _____

ADDRESS: _____

BUSINESS PHONE NUMBER (MAIN):_____

CONTACT PERSON: Name: _____ Title: _____

CONTACT PERSON: Telephone: _____ E-Mail: _____

EMAIL ADDRESS FOR PURCHASE ORDERS: _____

WEBSITE (if available): _____

VENDOR TYPE (i.e. books, athletics, music, hotel, etc.):_____

REASON FOR ADDING (i.e. lowest price, not available at existing vendor, etc.):_____

_____

THE BELOW IS TO BE FILLED OUT BY ORIGINATOR (NOT VENDOR)

By signing this form, I am attesting to the fact that I am not related, in any way, to the vendor:

_____ _____ _____

Signature Phone Date

_____

Submitted By (PRINT NAME)

NOTE: In addition to the above, it is the responsibility of the originator (teacher, staff members, etc.) to determine correct, complete and current descriptions, catalog numbers and prices for all goods and services to be ordered, including vendors' estimate shipping costs.

Suffern Central School District

Electronic Funds Transfer (EFT)
Vendor Direct Payment Authorization Form

Authorization is

_____New

_____Change

To: ALL VENDORS
Subject: **PURCHASE ORDERS & PAYMENTS**

Purchase orders and payments to vendors from Suffern Central School District will be sent electronically. Payments will be sent out via ACH to your bank. To facilitate receipt of electronic purchase orders and payments, please complete the following and attach a voided check:

NAME OF COMPANY: _____

TAXPAYER ID NUMBER: ____ _____ ____ ____ ____ ____ ____ ____

ADDRESS: _____

CONTACT PERSON: Name: _____ Title: _____

CONTACT PERSON: Telephone: _____ E-Mail: _____

EMAIL ADDRESS FOR PURCHASE ORDERS: _____

EMAIL ADDRESS(ES) FOR DEPOSIT/REMITTANCE NOTIFICATIONS: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING NUMBER: ____ _____ ____ ____ ____ ____ ____ ____

ACCOUNT TYPE: (Checking/Savings) _____

BANK ACCOUNT NUMBER: _____

BANK CONTACT PERSON: Name: _____ Title: _____

BANK CONTACT PERSON: Telephone: _____ E-Mail: _____

FINANCIAL INSTITUTION CERTIFICATION (required **ONLY** if directing funds into a Savings Account **OR** if a voided check is not attached to this form): *I certify that the account number and type of account is maintained in the name of the vendor named above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.*

Authorized Signature	Print Name/Title	Date

Vendor Certification: *I have read and understand the Vendor Direct Payment Program and hereby authorize payments to be received by electronic funds transfer into the bank that I designated above. I further understand that in the event that an erroneous electronic payment is sent, Suffern Central School District reserves the right to reverse the electronic payment. In the event that a reversal cannot be implemented, Suffern Central School District will utilize any other lawful means to retrieve payments to which the payee was not entitled.*

Authorized Signature	Print Name/Title	Date

Suffern Central School District

Electronic Funds Transfer (EFT)

Vendor Direct Payment Authorization Form

INSTRUCTIONS

Please complete form in its entirety and forward the completed form (along with a voided check for the account to which you want your payments credited) to: **Suffern Central School District, Business Office, 45 Mountain Ave., Hillburn, NY 10931, Attention: Vendor Direct**. Or you may email it to **Finance@sufferncentral.org**

Vendor Information

1. Provide the name of the vendor as it appears on the W-9 form.
2. Enter the vendor's Taxpayer ID number or Social Security number as it appears on the W-9 form.
3. Enter the vendor's complete primary address (not a PO Box).
4. Provide the name, title, telephone number, & e-mail of the vendor's contact person.
5. Enter the business e-mail address where Purchase Orders should be sent.
6. Enter the business e-mail address for the remittance notification. *THIS IS VERY IMPORTANT. This is the e-mail address that we will use to send you notification and remittance information two days prior to the payment being credited to your bank account*. We suggest that you provide a group mailbox (if applicable) for your email address. You may only designate one e-mail address.

Financial Institution Information

7. Provide bank's name.
8. Provide the complete address of your bank.
9. Enter your bank's 9-digit routing number.
10. Indicate the type of account (checking or savings)
11. Enter the vendor's bank account number.
12. Provide the name, title, telephone number, & e-mail of your bank contact person.
13. Financial Institution Certification: If you are directing your payments to a Savings Account OR you cannot attach a voided check for your checking account, this line needs to be completed and signed by an authorized bank official. IF YOU DO ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT, YOU MAY LEAVE THIS LINE BLANK.