

## VENDOR INFORMATION REQUEST FORM

The Vendor Information Request Form is required for all new vendors requesting payment. Complete each section and submit the request to the Business Office. For questions regarding this form contact Mary Alice Boyd at [boydma@queens.edu](mailto:boydma@queens.edu) or 704-337-2561.

### 1. VENDOR INFORMATION

Taxpayer Identification Number (SSN or EIN)	
Name	
Business name, if different than above	
Address	
City, State, Zip	
Telephone	
Email	

### 2. ENTITY TYPE

- Individual/Sole Proprietor       C Corporation       S Corporation  
 Partnership       Trust/Estate       LLC  
 Other: \_\_\_\_\_

### 3. PAYMENT METHOD

- Direct Deposit/ACH  
Account Type:     Savings       Checking  
Financial Institution:  
Routing Number:      Account Number:  
 Credit Card/Purchasing Card  
 Check

### 4. CERTIFICATION AND DIRECT DEPOSIT/ACH AUTHORIZATION

Under penalties of perjury, I certify that (1) the number shown above is my correct tax identification number, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been identified by the IRS that I am subject to backup withholding, and (3) I am a US citizen or other US person. I authorize Queens University of Charlotte to initiate electronic credit entries, and if necessary, debit entries to adjust for any credit entries made in error to the checking or savings account indicated. This authorization will remain in effect until I have cancelled it in writing.

Signature:

Date: