

BAY COUNTY VENDOR SET UP REQUEST

Return completed form to: Bay County Purchasing
515 Center Avenue, Suite 701,
Bay City MI 48708
Fax: 989-895-4178

Bay County Use Only Vendor No.: _____
Review Date: _____ Reviewer's Initials: _____
1099: Yes No
1099: 3-Per Diem 6-Medical 7-Atty/Non-Employee Comp

INSTRUCTIONS: Bay County Vendor Set Up Request form is in three (3) parts.
All three parts are MANDATORY
Page 1 of 3: - **Includes vendor identification and contact information.**
Page 2 of 3: - **Electronic Payment Set Up Request. Not available to one-time vendors.**
Page 3 of 3: - **W-9 form. Only exception, one-time vendors.**
An incomplete form will NOT be processed.

Requesting Department or Contact Name: _____

Authorized Department Signature: _____ Date: _____

New vendor? Yes No Unsure If no, vendor number: _____
One-time vendor? Yes No Unsure
Refund payment? Yes Restitution? Yes
Bay County employee? Yes No
Information change only? Yes **If yes, fill out information change(s) only.**
Check next to change, below.

What goods or services will you provide to Bay County? (**BOLDED** – REQUIRED INFORMATION)
 Service: _____
 Product/Supply: _____
Commodity Codes (if known): _____
 Attorney/Medical: _____

Vendor Name: _____

DBA: _____ Not applicable.

DUNS Number: _____ Not applicable.

Contact Person Name: _____

Contact Person Phone: _____ Fax: _____

Contact Person Email: _____

Vendor Address: _____

Vendor Payment Address, if different from above: _____

Email to receive purchase orders electronically: _____

BAY COUNTY VENDOR ELECTRONIC PAYMENT SET UP REQUEST

Return completed form to: Bay County Purchasing
515 Center Avenue, Suite 701
Bay City, MI 48708
FAX: 989-895-4178

Vendor /Company Name: _____

Date: _____ Vendor number, if known: _____ Bay County Employee

Financial Institution Name: _____

Financial Institution Address: _____

Account Type: Checking Savings

Bank Routing Number: _____

(your bank will have this information)

Account No.: _____

Email Address to Receive Deposit Advice: _____

Vendor /Company Contact Name: _____

Vendor /Company Contact Phone: _____ Fax: _____

The above listed company (Company) sells goods and/or services to Bay County located in Bay City, Michigan. Bay County desires to make payments for such goods and/or services electronically through the ACH Network. COMPANY agrees to grant such flexibility.

Therefore, COMPANY hereby (1) authorizes Bay County to make payments for goods and/or services by ACH, (2) certifies that it has selected the stated depository financial institution, and (3) directs that all such payments be made as provided above.

COMPANY understands that you (Bay County) will verify the information provided above and, in the absence of a discrepancy or other unusual circumstances will begin the direct deposit of payments for goods and/or services within 15 days of your receipt of this form. In the event of a discrepancy, COMPANY understands that COMPANY will be required to provide corrected information by completing a new form. COMPANY acknowledges and agrees that the terms and conditions of all agreements with Bay County concerning the method and timing of payments for goods and/or services shall be amended as provided herein.

COMPANY will give thirty (30) days advanced written notice to Bay County of any changes in depository financial institution or other payment instructions.

Authorized Signature: _____

Print Name and Title: _____ Date: _____

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such a time and in such a manner as to afford you and my financial institution a reasonable opportunity to act on it. COMPANY hereby discharges Bay County from all liability whatsoever for any actions taken by Bay County in accordance with the above.