



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
SUPPLIER INPUT/ACH-EFT APPLICATION

Suppliers will need to visit www.MissouriBUYS.mo.gov to complete the Self-Service Registration.

***Required Fields**

*NAME	*AS SHOWN ON FEDERAL TAX RETURN	*FEIN	*SSN
*ADDRESS	*TAX ORGANIZATION TYPE		
*EMAIL	INDIVIDUAL/SOLE PROPRIETORSHIP OR SINGLE-MEMBER LLC		
NAME	REMIT TO IF DIFFERENT THAN ABOVE	LIMITED LIABILITY COMPANY – C CORPORATION	
ADDRESS		LIMITED LIABILITY COMPANY - PARTNERSHIP	
EMAIL		LIMITED LIABILITY COMPANY – S CORPORATION	
COMMENTS		OTHER: FEDERAL TAX EXEMPT/NON-PROFIT	
		OTHER: GOVERNMENT ENTITY	
		BENEFIT CORPORATION (B CORP)	TRUST/ESTATE
		C CORPORATION	FOREIGN
		S CORPORATION	STATE EMPLOYEE
		PARTNERSHIP	
DATE OF CHANGE			
PREVIOUS TAXPAYER ID			
PREVIOUS NAME			
PREVIOUS ADDRESS			
HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES?		YES	NO
IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?		YES	NO
IF YOU ANSWERED YES ABOVE, MAY WE SHARE YOUR CONTACT INFORMATION WITH THE MISSOURI VETERANS COMMISSION IN ORDER TO PROVIDE YOU WITH INFORMATION REGARDING AVAILABLE VETERANS BENEFITS AND SERVICES?		YES	NO
GENERAL INFORMATION MAY ALSO BE FOUND ON THE MISSOURI VETERANS COMMISSION'S WEBSITE.			
TO BE COMPLETED BY FINANCIAL INSTITUTION			
NAME/ADDRESS OF FINANCIAL INSTITUTION			
DEPOSITOR ROUTING NUMBER			
DEPOSITOR ACCOUNT NUMBER			
NAME ON ACCOUNT			
TYPE OF ACCOUNT		CHECKING	SAVINGS
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION			
PRINT NAME		TITLE	
TELEPHONE NUMBER		DATE	
<p>I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.</p> <p>This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.</p> <p>I (We) hereby cancel my (our) ACH/EFT authorization.</p>			
*SUPPLIER SIGNATURE			
*PRINT SUPPLIER CONTACT NAME		*TITLE	
SUPPLIER CONTACT EMAIL ADDRESS			
*SUPPLIER CONTACT TELEPHONE NUMBER		*DATE	
<p>CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) Exempt from Backup Withholding</p> <p>Under penalties of perjury, I certify that:</p> <p>I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>II. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>III. I am a U.S. person (including a U.S. resident alien).</p> <p>Certification instructions. You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>			
SIGNATURE			