



**Saint Martin's**  
UNIVERSITY

## **New Vendor Set-up Letter**

Welcome New Vendor!

As part of our new vendor set-up process we request that you complete and submit the following information:

**W-9 Information** – Saint Martin's University is required by federal statute to obtain your federal tax information and verification. This information is obtained from you by completing the Internal Revenue Service (IRS) Form W-9 for U.S. persons. The purpose of the form is to provide our University with your correct tax identification (TIN) to:

- Certify that you are providing our University with a correct TIN.
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a U.S. person and not a corporation, then your TIN is your Social Security Number.

**ACH Authorization** – Saint Martin's University is able to process payments via ACH/Direct Deposit. If you would prefer this method of payment, please complete the attached authorization form.

Invoices **must** be mailed or emailed to the address below.

**St. Martin's University**

**Attn: Finance**

**5000 Abbey Way SE**

**Lacey, WA 98503**

[Finance@stmartin.edu](mailto:Finance@stmartin.edu)

Also, all invoices **must** include the following:

- Invoice number stated on invoice
- Your company's complete legal entity name and address
- Sales tax as a separate line item, if applicable
- PO number – can be name of person placing order or department name/number

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Aurora Renfort

Staff Accountant

360-688-2454

[Finance@stmartin.edu](mailto:Finance@stmartin.edu)



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

I hereby authorize Saint Martin's University, to initiate credit entries to my:

Checking Account /  Savings Account (select one) indicated below at the depository (bank) financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Company  
Name

Bank

City

State

Zip

Country

Routing  
Number

Account  
Number

This authorization is to remain in full force and effect until Saint Martin's University has received written notification from me of its termination in such time and in such manner as to afford Saint Martin's and DEPOSITORY a reasonable opportunity to act on it.

Name

Title

(Please Print)

Date

Signature

**NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**