



Frederick County Public Schools Vendor Information Form

Please complete all sections of this Vendor Information Form and attach a current W-9 form to confirm vendor/business information per the IRS. PAYMENT WILL NOT BE PROCESSED WITHOUT A COMPLETED W-9 FORM.

Send completed form and W-9 to: Frederick County Public Schools, Purchasing Department, Room 3, 1415 Amherst Street, Winchester, Virginia 22601 or email the form to purchasing@fcpsk12.net. If you have any questions, contact the Purchasing Department at 540-662-3889 x88104 or by email at purchasing@fcpsk12.net.

1. Vendor Name
2. DBA or T/A Name
3. Physical Address
4. City, State, Zip
5. Payment Remit To Name and Address
6. City, Zip, State
7. Name and Address where Purchase Orders can be sent to
8. City, State, Zip
9. Email address where Purchase Orders can be sent to

Minority Business Information (Check any that apply):

<input type="checkbox"/> Micro Business	<input type="checkbox"/> Small Business
<input type="checkbox"/> Minority Business	<input type="checkbox"/> Woman Owned Business
<input type="checkbox"/> Minority Owned Micro Business	<input type="checkbox"/> Woman Owned Micro Business
<input type="checkbox"/> Minority Owned Small Business	<input type="checkbox"/> Woman Owned Small Business

Print or Type Name of Payee or Payee's Authorized Signatory	Title of Authorized Signatory
Signature of Payee or Payee's Authorized Signatory	Date

ACH AUTHORIZATION FORM IS ON NEXT PAGE



**Frederick County Public Schools
ACH/Direct Deposit
Authorization for Vendor Payments**

ACH is only available for vendors paid by the Frederick County School Finance Department and is not for payments issued directly by the individual schools.

Type of authorization (select one):

- NEW:** Complete this form by entering information in lines 1-13 and lines 17-20.
- CHANGE:** Complete this form in its entirety and enter the new financial institution, account number and type of account in lines 9-13; and enter the old financial institution, account number and type of account in lines 14-16; then submit the completed form. Do not close your old bank account until electronic payments are received in your new account.
- CANCELLATION (Revocation):** You may cancel (revoke) your prior Authorization by checking this box and completing and submitting this form.

Please complete all sections of this Enrollment Form and attach either a voided check OR a letter signed by your bank representative confirming account name, account number, and ABA routing number for ACH payments. Starter checks or counter checks are NOT acceptable. Online credit cards are NOT eligible for ACH transfer.

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Please type or print legibly. PAYEE INFORMATION	The number below is: <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Federal Employer No. (FEIN)
1. Payee Name	2. SSN or FEIN
3. DBA	4. Mailing Address
5. Contact Name and Title	6. City, State, Zip Code
7. Email Address for Notice of Payment	8. Daytime Telephone Number
NEW-Complete 9-13	OLD ACCOUNT INFORMATION-Complete 14-16
9. Financial Institution Name	14. Financial Institution Name
10. ABA/Routing Number	15. ABA/Routing Number
11. Account Number	16. Account Number for Deposit of Electronic Funds Transfer
12. Account Type (Select one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
13. Financial Institution Telephone Number	

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize Frederick County Public Schools to register the payee for automated clearing house (ACH) using the information contained in this registration form. I agree to receive all vendor payments from Frederick County Public Schools by electronic funds transfer according to the terms of the ACH program. I agree to return to Frederick County Public Schools any ACH payment incorrectly disbursed by Frederick County Public Schools. I agree to hold harmless Frederick County Public Schools and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

17. Print or Type Name of Payee or Payee's Authorized Signatory	18. Title of Authorized Signatory
19. Signature of Payee or Payee's Authorized Signatory	20. Date