

**Division of Agriculture  
Supplier Payment Information Form**

- New Supplier  
 Existing Supplier Change

UADA Requestor: \_\_\_\_\_

**Supplier Information:**

*Supplier must provide a street address and/or PO Box address for payment, shipping, and handling.*

Supplier Name (Line 1 of W-9): \_\_\_\_\_

DBA Name (Line 2 of W-9): \_\_\_\_\_

TAX ID (EIN/SSN)

Street Address Line 1:

Street Address Line 2:

City/State/Zip:

Remit Address if different:

Supplier Contact Name:

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

Good/Services Provided:

**Payment Type:**

*Verify the payment type that you want. Direct deposit payments require additional documentation.*

- Choose One:  Check  
 Direct Deposit (Recommended – Receive payments faster and more securely)

**Direct Deposit Information:**

For the option to pay via direct deposit, please complete the information below and submit a voided check or bank letter, on bank letterhead, with account information:

Bank Name: \_\_\_\_\_

Bank Routing Number:

Bank Account Number:

Account Holder Name:

Account Type:  Checking  Savings

Remittance Advice Email: \_\_\_\_\_

**Supplier Signature (by signing you assert all information to be true and correct)**

Supplier Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed W-9, Supplier Payment Information Form, Restriction of Boycott of Israel Certification, and other documentation to Requestor. For questions: Please contact Requestor, or Purchasing at: [purchasing@uada.edu](mailto:purchasing@uada.edu).**