



## Edinburg Consolidated Independent School District Substitute W-9 & Direct Deposit Authorization Form

Complete form if: 1 You are a U.S. entity (including a resident alien) 2 You are a vendor that provides goods or services to ECISD; AND 3 You will receive payment from the Edinburg Consolidated ISD.	New Request	Update - Select from the following: Tax ID _____ Legal Name _____ Vendor Order Address _____ Direct Deposit _____ Contact Information _____ Vendor Payment Address _____
Individual/Company/Entity Legal Name (Must match TIN below): _____		DBA Name (IF Applicable): _____
Taxpayer Identification Number (TIN) _____ - _____		<b>OR</b>
Federal Tax ID Number (FID) _____ - _____		SSN - Individual/Sole Proprietor _____ - _____ - _____
<b>Vendor Contact Information:</b>		
Name: _____ Title: _____ Phone: _____ Fax: _____		
<b>Vendor Type - Select only one of the following boxes:</b>		
Individual/Sole Proprietorship      C-Corporation      S-Corporation      Partnership      Trust/Estate      Other: Explain Limited Liability Company (LLC). Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ Exempt payee code (if any) _____      Exemption from FATCA reporting code (if any) _____		
<b>Order Address:</b>  Street/PO Box _____ Second Line _____ City _____ State _____ Zip Code _____	<b>Payment Remittance Address:</b> Check if Order Address is same as Payment Address <input type="checkbox"/>  Street/PO Box _____ Second Line _____ City _____ State _____ Zip Code _____	
<b>Banking Information:</b>		
In an effort to process your payment faster, we request you to complete the ACH enrollment section below. All fields must be completed for direct deposit setup. Attach a voided check or letter from your financial institution.		
<b>Account Type:</b> Checking ___-___-___    Savings _____		
Bank Name: _____		Email for Direct Deposit Notification: _____
Bank Address: _____    ABA Routing Number: _____    Account Number: _____		
<b>W-9 Certification</b>		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), <b>AND</b> 2. 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, <b>AND</b> 3. I am a U.S. citizen or other U.S. person.  <b>Certification Instructions:</b> You must cross out item 2 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 real estate transactions, item 2 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.	<b>Direct Deposit Authorization and Agreement</b> I authorize Edinburg Consolidated Independent School District (ECISD) to initiate direct deposit of funds to the account and financial institution indicated above, and to recover funds deposited in error if necessary; in compliance with Texas and U.S. Law, and the Automatic Clearing House (ACH) rules. I understand that: 1. It is my responsibility to provide accurate and current banking information. Notification of direct deposits will be by e-mail; and it is my responsibility to provide a valid e-mail address. 2. It is my responsibility to verify payment has been credited to my account, and that ECISD assumes no liability for overdrafts for any reasons. 3. This authorization will remain in effect until: (a) a written request is received from a vendor officer to change or terminate direct deposit agreement; (b) notification is sent by my bank that the account is no longer valid.	
Signature _____ Date _____	Signature _____ Date _____	
Print Name and Title _____	Print Name and Title _____	
<b>Send completed form to: ECISD requestor or:</b> <b>Mail to: Edinburg Consolidated Independent School District    Attention: Accounts Payable    PO Box 990 Edinburg, Texas 78540 or;</b> <b>Via E-mail: <a href="mailto:ECISDinvoice@ecisd.us">ECISDinvoice@ecisd.us</a> or;</b> <b>Via Fax: 956-383-4354.</b> <b>Any Questions on this form? Call 956-289-2300 ext. 2074</b>		
Finance Office Use Only: Updated Record on: _____ Updated by: _____ Bank Code: _____ Vendor Number: _____		