



**TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.**

Submit completed and signed form to:

Email: [vendorteam@ttuhsc.edu](mailto:vendorteam@ttuhsc.edu)

Fax: 806-743-7850

**Section A: Vendor Information (required)**

**VENDOR SETUP FORM - NEW VENDORS**

Type of Purchase (required)	Materials/goods	Services	Combination of goods and services	Other
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Vendor Name

Business Name  
(if different)

Address

City State Zip Code

Taxpayer Identification Number or Social Security Number

**Section B: Type of Vendor (required)**

- |                              |                              |                |
|------------------------------|------------------------------|----------------|
| Individual / Sole Proprietor | LLC taxed as corporation     | Trust / Estate |
| Partnership                  | LLC taxed as sole proprietor | State agency   |
| S Corporation                | LLC taxed as partnership     | Federal agency |
| C Corporation                | Non-profit                   | Other          |

Exemptions (see instructions on Page 4, Section B):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

If TX Corp., TX Ltd. Partnership, TX Prof. Assn., or TX Prof. Corp., enter charter file #:

Under penalties of perjury, I certify that:

- (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 and
- (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 notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person.

Signature of U.S. Person

Date:

Printed name

**Additional Information (required for Individual/Sole proprietor & Partnerships)**

If you selected Individual/Sole Proprietor or LLC taxed as sole proprietor above, please provide the following information.

Individual Name

SSN

If you selected Partnership above, please enter two partner's names and Social Security Numbers (SSN). If partner is a business, use the Employer Identification Number (EIN).

Partner's Name

SSN/EIN

Partner's Name

SSN/EIN

**Section C: Accounts Payable Information (required)**

Remit address

City State Zip Code  
Phone Toll-free Fax

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**Section D: Purchase Order Setup (required)**

Please check your preferred method of receiving purchase orders Email Fax

E-mail (for PO Distribution if preferred)

FAX (for PO Distribution if preferred)

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**Section E: Historically Underutilized Business (HUB)/Federal Business Special Classifications**

***Federal business classifications:***

Certified by SBA as a small disadvantaged business	Minority owned small business (other than woman)
Certified by SBA as a HUBZone small business	Veteran owned small business
Woman owned small business	Large business or not-for-profit

***Texas HUB Classification:***

Texas Certified HUB

Under 15 U.S.C. (d), any person who misrepresents its size status shall (1) be punished by fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

HUB Number

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**Section F - International ACH (Direct Deposit) Payment Verification (Required)**

Will these payments be forwarded to a financial institution outside the United States? Yes No

If yes, please specify the name of the country payment(s) will be forwarded to:

**Section G - Payment Account Information (for US financial institutions only)** *Completion by financial institution is recommended*

A sample check form with the following fields:  
- NAME, ADDRESS, CITY, STATE, ZIP (top left)  
- DATE (top right)  
- REF TO THE ORDER OF (middle left)  
- \$ (middle right)  
- BANK NAME, ADDRESS, CITY, STATE, ZIP (bottom left)  
- Bank Routing Number (bottom left, 9 digits)  
- Bank Account Number (bottom left, 10 digits)  
- Check Number (bottom left, 3 digits)

Financial Institution Name

Routing Number (nine digit code)

Account Type

Account Number

Checking

Savings

*The University pays vendors from multiple funding sources. The primary funding sources are from University funds and from state of Texas funds. The state of Texas funds are paid directly from the Texas Comptroller of Public Accounts. This form is designed to authorize payments from both the state of Texas and Texas Tech University System.*

**Section H - Authorization for Direct Deposit and Advance Payment Notification Setup for the Texas Comptroller of Public Accounts (Required for direct deposit)**

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution).

Authorized Signature (Required)

Printed Name

Date

To sign up for Advance Payment Notifications (APNs), please click or copy the link below to visit the Texas Comptroller of Public Accounts (CPA) web site to set up an account <https://mycpa.cpa.state.tx.us/securitymp1portal/displayCreateAccountPart1.do>

**Section I - Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Tech University Health Sciences Center (Required for direct deposit)**

I hereby authorize Texas Tech University Health Sciences Center to deposit by electronic transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas Tech University Health Sciences Center shall deposit the payments in the financial institution and account designated above. I recognize if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Texas Tech University Health Sciences Center's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature (Required)

Printed Name

Date

E-mail (required for direct deposit)

By providing an e-mail address, I authorize notifications of payment(s) posting to my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

## ***Instructions for preparing the Vendor Setup Form for New Vendors***

### **Section A - Vendor Information:**

**Type of Purchase:** Vendor shall identify if they provide tangible goods, services, or a combination of both.

**Vendor Information:** Provide the vendor's basic information so that it may be entered in to the vendor system. Please note that the Vendor name and Tax ID are required information items.

**Substitute W-9 Form:** Provide the taxpayer information as required for initial vendor set-up. The form will have to be printed and contain an original signature in this section for set-up to conduct business with the University.

**Section B - Type of Vendor:** Vendor shall identify, which one of the following vendor classifications, they qualify as: corporation (provide the corporate charter number), medical/legal, state agency, federal agency, non-profit (501 C), PLS, individual/sole proprietorship, partnership, LLC taxed as a sole proprietor, or LLC taxed as a partnership. If the company is an individual/sole proprietor or partnership, provide the name of the owner if sole proprietor/individual or the partner's name in the case of a partnership and the social security number of the owner if sole proprietor/individual or the partner's social security number in the case of a partnership.

Vendors that are exempt from backup withholding and/or FATCA reporting, must enter in the Exemptions box, any code(s) that may apply. See the *Exempt payee code and Exemption from FATCA reporting code* on page 3 of the [IRS W-9 Form](#) or visit <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

**Section C - Accounts Payable Setup:** Provide an alternate address for remittance of payments if direct deposit is not utilized.

**Section D- Purchase Order Setup:** Identify if the vendor prefers to receive purchase orders by fax or by e-mail. The University may set up distribution either way, but not both. As a reminder, the University requires a purchase order or a credit card for any purchase made by a University employee.

**Section E - Historically Underutilized Business (HUB)/Federal Business Special Classifications:** Identify any special classifications that the vendor holds. Please identify all federal classifications (more than one classification may apply). If the vendor is qualified as a State of Texas Historically Underutilized Business (HUB), please provide the HUB number.

**Section F - International Payment Verification:** The vendor shall confirm if the funds from deposits received from the University will be forwarded to a financial institution or not. **If you receive state payments by direct deposit which are forwarded from a United States financial institution to a financial institution outside the United States, please contact Texas Tech University Health Sciences Center at (806) 743-7850 and e-mail: [vendorteam@ttuhsc.edu](mailto:vendorteam@ttuhsc.edu).**

**Section G - Payment Account:** Information: Completion by financial institution is recommended. **Important:** Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information. **Note:** A prenote test will be sent to your financial institution for the account information entered into the system. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Note: The University receives funding from various sources. Each type of funding (University, State of Texas, Federal, Grant) will be handled differently. For vendors receiving State appropriated funds, those funds will be by paid directly from the Texas Comptroller of Public Accounts. If the vendor elects to receive paper checks, the vendor will receive a separate check from the Comptroller for any portion paid on appropriated funds and a separate check for any portion paid on any other type of funding (University, Federal, Grant). If the vendor elects to receive direct deposits and advance payment notifications, those payments and notifications will come from different sources. Therefore, it will be required that the vendor authorize direct deposits and payment notifications for both the Texas Comptroller of Public Accounts and Texas Tech University.

**Section H - Authorization for Direct Deposit and Advance Payment Notification Setup for the Texas Comptroller of Public Accounts (Required for direct deposit):** Set up an account for Advance Payment Notifications (APNs) on the Texas Comptroller of Public Accounts web site. You can click on the link or copy and paste into your browser. <https://mycpa.cpa.state.tx.us/securitymp1portal/displayCreateAccountPart1.do>

**Section I - Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Tech University Health Sciences Center (Required for direct deposit):** Provide the contact name, date, and e-mail to which payment notifications are to be sent for direct deposits. Notifications are sent for direct deposit payments only, and e-mails are sent one business day prior to the deposit.

Once this form is completed, and signed, please fax to 806-743-7850 or e-mail to [vendorteam@ttuhsc.edu](mailto:vendorteam@ttuhsc.edu).