



# State of Idaho

700 West State Street, P.O. Box 83720

Boise, ID 83720-0011

## Combined Substitute W9/Direct Deposit Authorization Form

**Agency use only:**

Agency number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Part I - Substitute W-9 Tax Identification:**

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

Complete if you are a  
SOLE PROPRIETOR or  
SINGLE-OWNER LLC

Required: Personal name of owner of the business \_\_\_\_\_

Optional: Business name if different from above: \_\_\_\_\_

Enter your Tax Identification Number in the appropriate box.

For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

OR

Employer Identification Number

Check appropriate box:  Individual/  
Sole proprietor  Corporation  Partnership  Other (explain) \_\_\_\_\_**Exemption:** If exempt from Form 1099 reporting, explain exemption here:**Signature:** I am a U. S. person (including a U. S. resident alien).

Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ If address for payments is different, please list payment remit  
address below:

Tax correspondence address: \_\_\_\_\_

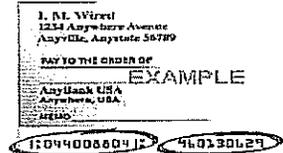
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Part II - Direct Deposit Authorization (Optional).** To receive payments electronically, complete this section and attach a voided check (not a deposit slip) or bank verification of your checking or savings account number.Request type: New  Change  Cancel 

Accountholder Name/Title (Title required if company account) \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (Please check the appropriate box)  C - Checking Account  S - Savings AccountRouting Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Is nine digits can vary in length

I hereby authorize and request the Idaho State Controllars Office (SCO) and the Idaho State Treasurers Office (STO) to initiate credit entries for vendor payments to the account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the SCO and STO may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, the SCO will notify the office identified above in Part I of the error and the reason for reversal.

This authority will continue until such time as SCO and STO have had a reasonable opportunity to act upon written notice to terminate or change the direct deposit service initiated herein.

Signature of Authorized signer on account \_\_\_\_\_ Print Name Here \_\_\_\_\_ Sign Here \_\_\_\_\_

**NOTE:** Invalid account information will be rejected by the vendor's financial institution and generate a notice of change which is routed through the NACHA network to the STO. A notice of change will result in this request being voided and any future payments being made by Idaho State Warrant.**Part III - Remittance Advice on the Web.** To access payment information on the Internet, complete this portion of the form and provide a phone number in Part I. Additional information can be found on our website: <http://www.sco.idaho.gov>. Initial login instructions will be mailed to the payment address provided in Part I.I want to view my remittance advices on the Web. Check one.  
 Yes-One  Yes-All  
Get payment information for this location only by using the State Controllars Office Web Remittance Advice Application.  
Get payment information for all of your locations by using the State Controllars Office Web Remittance Advice Application.