

(BUSINESS)

(Individuals complete Page 1 only & Businesses complete Page 2 only)

INSTRUCTIONS: Please provide all information (**typed or clearly printed**) as requested in the spaces provided. The IRS requires that you provide information which will allow us to complete 1099 reporting. Your payments may be subject to **backup withholding** if you fail to provide a correct Taxpayer Identification Number and tax reporting address. **Only supplier may complete this form.**

Company or Business Name: _____

dba, if applicable: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Type of Organization: FOREIGN ENTITY (Provide a W-8BEN-E) _____ CORPORATION _____ S CORPORATION _____
 PARTNERSHIP _____ SINGLE-MEMBER LLC _____ OTHER _____
 LLC _____ (If LLC, must complete tax classification C, S or P) Tax classification – Corporation, S Corporation, Partnership _____

Federal ID # (FEIN): _____ Certified Targeted Small Business in Iowa Yes _____ No _____

Payment Terms: _____
 (UNI standard is net 30 for businesses, immediate for sole proprietors)

DIRECT DEPOSIT (ACH) AUTHORIZATION

AGREEMENT: I hereby authorize and request the University of Northern Iowa to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by: a) written authorization to the University, b) my death or legal incapacity, c) the financial institution, or d) the University.

Name of your Financial Institution: _____ City/State: _____

Bank Routing Number _____

Bank Account Number _____ Checking _____ or Savings _____

Payment notification e-mail: _____

SIGNATURE: _____ DATE: _____

THIS FORM MUST BE SIGNED AND DATED BY PAYEE OR REPRESENTATIVE. Signature signifies acceptance of Agreement above.
 PLEASE RETURN COMPLETED FORM WITH A VOIDED CHECK TO ADDRESS AT BOTTOM OF FORM.

Conflict of Interest Statement:

The Board of Regents and the Iowa Code policies govern business transactions involving conflict of interest situations and relationships between employees and suppliers. The University of Northern Iowa has established procedures in accordance with the Board of Regents and Iowa Code policies on conflict of interest. Please see <https://obo.uni.edu/conflict-interest> for the full policy.

- Are you or your partner or dependent minor child employed by a Regents Institution (UNI, ISU, or U of Iowa)? Yes _____ No _____
- Does any Officer, Director, Owner, or Partner in your Company have a financial relationship with a Regents Institution Employee? Yes _____ No _____

If yes to any of the above, please report name and institution here: _____

REQUIRED OF ALL US ENTITIES**W-9 Certification of Supplier Information**

W-9 Certification: Under penalty of perjury, I certify that the taxpayer ID number shown on this form is correct. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a US citizen or US person. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. For IRS W-9 instructions, see www.irs.gov.

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____