THE OHIO STATE UNIVERSITY

OSU Internal Use Only: Any external-to-OSU communication containing sensitive information should include "osusecure" in the email subject line. See OCIO KB04012 with questions. Contact your Supplier Maintenance Team with questions.

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

INSTRUCTIONS:

- All payees complete pages 1 and 2.
- New EFT and updates to banking information complete pages 3 and 4.
- Attach all requested documents.
- See Page 5 & 6 for detailed instructions
- Submit completed forms to your University or Medical Center contact

Payee Setup Form

Page 1: IRS Substitute W9 and Contact Information for Non-US entities

General Information

Complete all fields as directed

Are you a current or former OSU Employee ? ◯ Yes ◉ No If Yes, Enter your Employee ID

☐ Individual Name First Middle Last

OR

☐ Legal Business Name

DBA Business Name or Disregarded Entity Name

Phone Additional Phone Business Contact Name

FAX Remittance Email Purchase Order Email

Remittance/Billing Address

☐ Mailing/PO location

☐

City State/Province Region/County Zip/Postal Code

Additional Address

☐ Mailing/PO location

☐

City State/Province Region/County Zip/Postal Code

Federal Tax Classification

Select ONE Classification and provide all other applicable information.

☐ Individual Date of Birth (MM/DD/YYYY) Required by State Law

Select type: ☐ US Citizen ☐ Resident Alien ☐ Non-resident Alien*- Country of Citizenship:

*Additional documentation required. See instructions for details.

☐ Sole Proprietor/Single Member LLC (Disregarded) Date of Birth (MM/DD/YYYY) Required by State Law # of Employees

☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ LLC= C Corporation ☐ LLC= S Corporation ☐ LLC= Partnership ☐ Other

☐ Government/Tax exempt agency ☐ Foreign (W-8 form required)

Exemption from FATCA: | Reporting code (if any) | Exempt Payee Code (If any)

Taxpayer Identification Number Required for US Citizens, Resident Aliens, and US Businesses

Select ONE and input the 9 digit number in the box below without dashes.

◯ Federal Employer Identification Number (FEIN)

OR

◉ US Social Security Number (SSN/ITIN)

Certification* - Under penalties of perjury, I certify that: I am exempt from backup withholding and/or FATCA reporting. I am a U.S. citizen or other person as defined in IRS forms W-9 or W-8BEN Instructions. I certify that the information shown is correct to my knowledge.

☐ I certify that I have read and understand The Ohio State University Wexner Medical Center's Supplier/Payee Interaction Policy, and will abide by it.

Print Name	Date
Signature (Digital Accepted)	Title

If any certification does not apply, strike through the specific section before signing. Please provide an explanation of the change to the document.

THE OHIO STATE UNIVERSITY

INSTRUCTIONS:

- All payees complete pages 1 and 2.
- New EFT and updates to banking information complete pages 3 and 4.
- Attach all requested documents.
- See Page 5 & 6 for detailed instructions
- Submit completed forms to your University or Medical Center contact

Payee Setup Form

Page 2: Payment Information, Federal and State Certifications

Reason for Payment

If you are not providing a good or service, please select the type of payment from the Miscellaneous Reasons list.

Type of Goods/Services Provided: <select>

Miscellaneous Reasons: <select>

Payment Terms

The preferred method of payment for The Ohio State University is Electronic Funds Transfer (EFT) via Automated Clearing House (ACH). The university has developed standard terms for supplier payments as detailed below. Please select one:

○ Net 60 default ○ 1%/45 Day/Net 60 ○ 2%/30 Day/Net 60 ○ 3%/15 Day/Net 60 ◉ Net 90 terms for printed checks

Business Information

Check all that apply:

UEI Number

☐ Construction ☐ Distributor (WholesaleTrade) ☐ Educational Institution ☐ Government

☐ Manufacturer ☐ Non Profit ☐ Retailer ☐ Other

Website

Federal Supplier Certifications US-based Suppliers Only

Complete the following section with classification status as defined in Federal Acquisitions Regulations (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: https://sam.gov/SAM/

Check all that apply: ☐ Small Business: Number of Employees ☐ Large Business ☐ Service-Disabled Veteran ☐ Veteran-Owned Business

☐ Woman-Owned Business ☐ Located in Hub zone ☐ Disadvantaged Business (Minority) ☐ Minority-based Institutions (Historically Black Colleges & Universities)

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete the following section for all applicable Ohio supplier certifications below: https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency

☐ Women Business Enterprise (WBE) ☐ Veteran Business Enterprise (VBE) ☐ Minority Business Enterprise (MBE)

All Business Enterprises: See http://eodreporting.oit.ohio.gov/searchMBE.aspx to verify status and attach your current certification letter.

☐ Encouraging Diversity Growth & Equity (EDGE). See http://eodreporting.oit.ohio.gov/searchEDGE.aspx attach your current EDGE certification.

☐ Ohio-Based Suppliers reference Buy Ohio (Ohio Revised Code Sections 125.09 and 125.11).

☐ No Findings for Recovery: The Supplier warrants that it is ☐ or is not ☐ subject to any "unresolved" finding for recovery under Ohio Revised Code Section 9.24

Name of **County** where business is located:

Certification

Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which include The Ohio State University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with The Ohio State University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24.
By signing below, the company agrees with 1 or more of the following:

The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online
The Ohio State University Purchasing Department standard PO terms and conditions available online
The Ohio State University Wexner Medical Center standard PO terms and conditions available online
*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Print Name	Title
Signature (Digital Accepted)	Date

The Ohio State University reserves the right to request information concerning, but not limited to: financial status of applicant, business references, names of principal shareholders of corporation, and equal employment opportunity compliance.
*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.

THE OHIO STATE UNIVERSITY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF ELECTRONIC FUND TRANSFER (EFT) PAYMENTS

TYPE OF TRANSACTION: ○ EFT - Domestic (US) ◉ EFT - Foreign Banks

SECTION 1 – CONTACT INFORMATION

Account Holder Name:

Remit to Address: Country:

City: State/Province: Zip/Postal Code:

Financial Contact Name:

Contact Phone Number:

Contact Email Address:

Payment Remittance Email:

US FEIN/SSN:

SECTION 2 – OLD FINANCIAL INFORMATION (If changing, this is the information to which past OSU direct deposits have been sent)

Beneficiary Bank Name: Currency to Pay: ☐ USD ☐ Other:

Bank Address:

Country: Branch/Sort Code:

Routing Number: Swift ID/BIC:

Bank Account Number/IBAN:

Intermediary Bank Name: Currency to Pay: ☐ USD ☐ Other:

Bank Address:

Country: Branch/Sort Code:

Routing Number: Swift ID/BIC:

Bank Account Number/IBAN:

SECTION 3 – CURRENT FINANCIAL INFORMATION (Contact your beneficiary bank for confirmation of any intermediary bank instructions)

Beneficiary Bank Name: Currency to Pay: ☐ USD ☐ Other:

Bank Address: Additional Instructions:

Country: Branch/Sort Code:

Routing Number: Swift ID/BIC:

Bank Account Number/IBAN:

Intermediary Bank Name: Currency to Pay: ☐ USD ☐ Other:

Bank Address: Additional Instructions:

Country: Branch/Sort Code:

Routing Number: Swift ID/BIC:

Bank Account Number/IBAN:

THE OHIO STATE UNIVERSITY

SECTION 4 – AUTHORIZATION

This authorization agreement is effective as of the signature date and is to remain in full effect until revoked by the payee in writing, or terminated by The Ohio State University (the university). As a representative of the payee, you authorize the university to initiate credit entries to your account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error.

Once EFT has been set up, all payments will be made via EFT.

- It is the responsibility of the payee to keep the university informed of any changes in name, address, banking, contact, or other. Failure to do so may prevent you from being paid properly or receiving remittance information. Please report changes 30 days prior to change by submitting an updated EFT Authorization Agreement.
- EFT payments may take several days for processing through the banking system before they appear in your bank account.
- Intermediary and Beneficiary banks may apply fees or charges for EFT payments. The University is nor responsible for these charges.
- When an EFT payment is processed, a system generated remittance email is sent containing the payment information and an Excel attachment.
- The system generated e-mails can go only to the address specified on the EFT form. Multiple emails cannot be sent.
- HTML format is required to read and open the system generated EFT remittance emails and attachments.
- It is the vendor's responsibility to "white list" osu@myworkday.com to ensure e-mails are received properly.
- If the remittance e-mails are not being received, contact the university to see if the email was returned "undeliverable" at apcustomerservice@osu.edu.
- If emails are not being returned to the university as "undeliverable" this indicates that they were successfully sent, and there is an issue on the receiving end. You will need to contact your IT department to resolve the issue.
- Failure to properly handle EFT remittances and apply EFT payments may result in termination of payments via EFT.

You must submit one of the following as verification for the account listed on this Agreement

Voided check
Must Include:
Bank Name
Account Holder Name
Account Holder Address
Routing Number
Account Number

Account Verification Bank Letter
Must Include:
Official Bank Letterhead Bank Name
Bank Address
Account Holder's Name
Routing Number
Account Number
(Foreign Banks include Intermediary Bank information)
IBAN
Swift Code
BIC
Sort Code

Screenshot of Bank Website
Must Include:
Bank Logo
Bank Name
Bank Address
Account Holder's Name
Routing Number
Account Number
(Foreign Banks include Intermediary Bank information)
IBAN
Swift Code
BIC
Sort Code

Name: Title:

Signature: Date:

SECURELY SUBMIT THIS COMPLETED FORM WITH YOUR ACCOUNT VERIFICATION TO YOUR UNIVERSITY, HEALTH SYSTEMS, OR OFFICE OF SPONSORED PROJECTS CONTACT.

THE OHIO STATE UNIVERSITY

Payee Setup Form Instructions

Thank you for your interest in The Ohio State University.

This form is used to add a new payee to the purchasing database or to change information to an existing payee. Purchase orders and payments can only be issued for payees that are in the database. We have provided this information to assist you in completing the required University form.

Return the completed form to your University or Health Systems contact.

All information on this form is required unless noted.

Note: All payees must complete pages 1 and 2. If you prefer an EFT/ACH payment rather than a check, please also complete pages 3-4 and provide the documentation listed there. Payments to foreign bank accounts will be processed as EFT wire transactions.

Page 1: IRS Substitute W-9 and Contact Information for Non-US entities

Per the IRS, "If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9." (IRS website) For all Non-US entities, page 1 is required for your contact information. It does not replace the required W-8BEN.

General Information

OSU Employees: Select YES if you are currently an OSU employee. If you select yes, your employee ID is required.

Individual or Legal Business Name: Select one. Enter the complete Individual or Legal business name. This is the name registered with the IRS and linked to the EIN.

DBA Business Name or Disregarded Entity Name: Enter if applicable. Certain entities may use a business name that is different than the name registered with the IRS. This will be listed as a DBA/Alternate Supplier Connection name. The name registered with the IRS will be the main name on the account.

Remittance/Billing Address: Location of residence or where payment will be sent. Mark boxes for further detail.
Additional Address: Location where Purchase orders will be sent, permanent residence for Non Resident Aliens, additional locations, or other addresses as needed. Mark boxes for further detail, or provide other address information

Phone/Fax/Email: Enter contact information. An email address is required for all EFT remittance. If a different email is needed for Purchase Orders, please include it here.

Federal Tax Classification

Tax Classification	Check the appropriate box (as defined by the IRS. Reference IRS form W-9 and/or W-8BEN Specific instructions)
	• Individual: If you are an individual, also provide your date of birth
	  ○ Check one of the following as it pertains to you:
	  ▪ US Citizen
	  ▪ Resident Alien
	  ▪ Non-Resident Alien: provide your country of citizenship and a completed W-8BEN. If already in the US or coming to the US, provide a copy of your passport and proof of visa type. You may be contacted for further information.
	• Sole Proprietor/Single Member LLC (disregarded): provide your date of birth and number of employees.
	• Foreign: If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS)
	• Other: provide tax classification if not listed on form
	  ○ Enter your reporting and exempt payee code (if applicable)
	  FATCA: http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA

Taxpayer Identification Number

Enter the IRS issued Federal Employer Identification Number (FEIN) or a Taxpayer Identification Number (TIN). Individuals must list their Social Security Number (SSN). This is a nine digit number without dashes.

Certification

The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online
The Ohio State University Purchasing Department standard PO terms and conditions available online
The Ohio State University Wexner Medical Center standard PO terms and conditions available online

*Important: If a potential for conflict of interest exists, the company is prohibited to sign, or they cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Enter your name, date and title. Signature can be in ink or digital. *If any certification does not apply, strike through the specific section before signing. Please provide an explanation of the change to the document.

THE OHIO STATE UNIVERSITY

Page 2: Payment Information and US Business Status Certification

Reason for Payment

Enter the reason for payment. Miscellaneous reasons include honorariums, awards, and reimbursements for Non Resident Aliens.

Payment Information

The preferred method of payment for The Ohio State University is EFT (Electronic Funds Transfer) via Automated Clearing House (ACH).
The university has developed standard terms for payments as detailed on page 2. Please select one option.

If the EFT Authorization form is not complete and does not have the required verification, then the default terms are Net 90 check.

If the EFT Authorization form is complete with verification, then the default terms are Net 60 EFT/ACH

Business Information

Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/ Disregarded Entity name (DBA)	Enter if applicable. (DBA= Doing Business As) certain payees may use a business name that is different than the name they use with the IRS. Enter all information as requested If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS) http://www.irs.gov/ (search W8)

Federal Supplier Certifications US-based Suppliers Only

Complete this section with classification status as defined in Federal Acquisitions Regulations (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: https://sam.gov/SAM/ Select all that apply.

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete this section for all applicable Ohio supplier certifications; see https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency
Attach additional documents as necessary.
Verify No Findings for Recovery and select appropriate box.
Indicate the name of the **county** where the business is located in Ohio.

Certification

Read and understand the certifications.
Enter your name, date, and title. Signature can be in ink or digital