

Guide for the Substitute W-9 and Supplier Information Form

1. **SUPPLIER INFORMATION** – provide information about your company.

2. **PAYMENT OPTIONS**

PAYMENT METHODS:

- Virtual Card/Payment Plus – Payment Plus is UCSF's preferred electronic method for issuing payments to suppliers. Payment is made via a one-time use virtual credit card number issued by U.S. Bank. Merchant interchange fees apply. For more information visit <https://supplychain.ucsf.edu/payment-plus>.
- ACH – payment by electronic funds transfer. A business bank account is required.
- Paper check – Least preferred method of payment. Our goal is to minimize paper check payments made to suppliers.

PAYMENT TERMS:

- Immediate – payment is generated 1 business day after the invoice is processed
- 2%10,N30 – a 2% discount is taken if the invoice is paid within 10 days of the invoice received date; otherwise, invoice is paid in full 30 days from invoice date
- N30 – payment is generated 30 days from invoice date
- N60 – payment is generated 60 days from invoice date

PURCHASE ORDERS – provide a fax number and/or email address for Purchase Order delivery.

3. **BUSINESS DIVERSITY** – select all for which your business has self-certified as defined in the Ability One Program, the System for Award Management, or on the State of California website. Refer to the links for each program and the State of California for self-certification.

4. **REQUESTER'S INFORMATION** – provide your UCSF contact's name and email address.

5. **CERTIFICATION** – sign and date the Certification.

Substitute W-9 Form Disclosures

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.



ACH Enrollment Form
Electronic Funds Transfer Authorization

- New Request *(Not available to individuals. Business bank account required.)*
- Account Change

PAYEE/COMPANY INFORMATION		
1	NAME	
	ADDRESS	
	CITY, STATE, and ZIP+4 CODE	
	A/R CONTACT NAME	A/R CONTACT PHONE
	BUSINESS EMAIL ADDRESS (for payment notification)	EMPLOYER ID NO (EIN)
PREVIOUS BANKING INFORMATION (REQUIRED IF REQUESTING AN ACCOUNT CHANGE)		
2	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
NEW BANKING INFORMATION		
3	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

IMPORTANT NOTE: The person signing the Authorization must be a designated officer from the Finance Department and a person other than the contact listed above.

AUTHORIZATION		
4	I hereby authorize the University of California San Francisco (UCSF) to initiate electronic transfer of funds to the account stated above using the National Automated Clearing House (NACHA) Cash Concentration or Disbursement (CCD) for settlement of invoices. If funds to which I, or the company I represent, am not entitled are deposited in the account stated above, I authorize the University to initiate a correcting (debit) entry. This authorization will remain in effect until UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above.	
	SIGNATURE	DATE
	PRINT NAME	TITLE

*****ATTACH A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION*****

SUBMIT COMPLETED FORM AND VOIDED CHECK OR BANK LETTER TO VENDORS@UCSF.EDU