



## Supplier Information Form

*Employees, students, student employees, retirees or any business associated with the aforementioned, should contact the HR Office at their institution for guidance and determination of the appropriate method of payment.*

### Section 1: Requesting Institution Information

**USG Institution to which you are providing goods or services: \***

**USG Contact Person:**

**USG Phone Number:**

### Section 2: Supplier Information

**Business/Individual Contact Information**

**Legal Name: (name used on tax filing & W9)**

**Additional Name or DBA:**

**Contact Name: \***

**Phone Number \***

Please enter a valid phone number

### Section 3: Supplier Business Type Information

**1. Are you primarily a supplier of services, goods, or both? \***

**2. Do you expect to receive payment for any of the following from USG?**

*Selection required if answer to option 1 is "Services" or "Both" \**

### Additional Reporting Elements

**Small Disadvantage:**

8(a) Contract Award  
8(a) with HUBZone Priority SDB Set-Aside  
SDB Price Evaluation Analyst  
SDB Participating Program Not Applicable

**Number of Employees:**

10 or less  
11-100  
101-300  
301-1000  
1001 or more



**Other Preference Programs:**

Buy Indian  
Directed to JWOD Nonprofit  
No Preference/Not Listed  
Small Business Set-Aside  
Very Small Business Set-Aside

**Veteran Owned Business:**

Not Veteran Owned Small Business  
Service Disabled VOSB  
Veteran Owned Business

\* A small business is defined as a business that is independently owned and operated. In addition, such a business must either have 300 less employees or \$30 million or less in gross receipts per year.

\*\* Georgia resident business is defined as any business that regularly maintains a place from which businesses is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place form which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**Ethnic Minority (51% or More)**

African American  
Asian American  
Hispanic/Latino  
Native American  
Pacific Islander

**Other Business Classification:**

Small Business\*  
Georgia Resident Business\*\*  
Women Owned Business  
Minority Owned Business  
Not Applicable

**Section 4: Updates to Existing Supplier**

*\*If you have recently had an address change, please list old and new\**

**Address Information**

**Purchase Order Address:**

Same as listed on the W9

Old/Prior Address Information:

New Address Information:

**Address:**

**City:**

**State:**

**Zip Code:**

**Payment (Remittance) Address:**

Same as listed on the W9

Old/Prior Address Information:

New Address Information:

**Address:**

**City:**

**State:**

**Zip Code:**



## Section 5: Payment Information

### ACH - Direct Deposit Instructions:

Please note that the University System of Georgia, as per the State Accounting Office vendor payment policy, requires electronic payments, ACH, EFT or direct deposit, to our suppliers/vendors. Electronic payments will ensure secure and timely payment for your goods and/or services.

### Action Required:

1. Select **Add Bank** Information to set up ACH payments for the first time.
2. Select **Change Bank** Information to update banking information for ACH payments.

### Contact your financial institution for help with routing and account numbers.

#### Notes:

- For first time ACH setup or changes to ACH information, pre-notification is required and will take 10 days to complete. Payments made before the pre-notification process is complete will occur by check.
- Please note that representatives from our Shared Services Center may call to verify addresses and/or banking information. The call will come from a Sandersville, GA "478" area code.

**\* If you are changing bank information, please list old and new\***

#### Transaction Type:

#### Account Type:

Old/Prior Banking Information:

New Banking Information:

Name on Account:

Bank Name:

Routing Number:

Account Number:

Re-enter Account Number:

## Authorized Signature

*Signature indicates Supplier authorized you to complete, sign and submit this form on its behalf.*

ACH Contact Name:

Email for ACH Confirmation:

Signature of Authorized Individual:

Date:

**Authorization:** I hereby authorize USG or its affiliated institution(s) to deposit all payments to the account of Supplier's financial institution listed above. This authorization remains in effect until USG Shared Services Center, or the affiliated institution has received written notification of a change to the information from Supplier, which possesses sole responsibility for notification of any changes to account information. USG Shared Services Center will use reasonable measures to verify information provided by Supplier; however, the accuracy of information provided by Supplier rests solely with Supplier.