

Return via mail or fax to:  
Kennesaw State University  
Office of Fiscal Services  
3391 Town Point Dr  
Suite 3700, MD 9110  
Kennesaw, GA 30144  
Phone: 470-578-6214  
Fax: 470-578-9187

**Employee and Student Vendor Registration and Substitute W-9 Form**

Do Not Send to the IRS

- 1. This form is only for employees and students of KSU who need to be entered into the vendor system for payment or reimbursement.
- 2. The preferred method is to complete the form electronically. If you choose to complete the form by hand, please print legibly in blue or black ink.
- 3. Fully complete, print, and sign page one (1). Complete and sign page two (2) if direct deposit of funds is preferred.
- 4. Fax or mail the form to the information shown above. For security reasons, DO NOT EMAIL this form.

I am a(n):	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	Choose Setup Type:	<input type="checkbox"/> New Setup	<input type="checkbox"/> Reactivation	<input type="checkbox"/> Update Information
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**Legal Name**

**Taxpayer Identification Number (TIN) / SSN**

**Physical Address: Number/Street Name**

**Address (Line 2)**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Check here if same as the physical address:**

**Mailing Address:**

**Address (Line 2):**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**KSU Point of Contact Name:**

**Under penalties of perjury, I certify that (check all that apply):**

Signature of Vendor:

Date Signed *(populates when signed)*:

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### Employee and Student Vendor Registration and Substitute W-9 Form

1. Direct deposit is optional for KSU vendors but is recommended for faster and more secure payment.
2. Provide the information below to start, change, or stop direct deposit by electronic funds transfer for all reimbursements by KSU.
3. International non-U.S. citizens and/or non-permanent resident aliens are not eligible for direct deposit payments.
4. KSU employees may use this form to request changes to their direct deposit account information for travel reimbursement.

**Direct Deposit Action Requested**  
*(check only one)*

Start	Change	Change only for employee travel reimbursement
Stop	Decline direct deposit and receive payment by check <i>(leave information below blank)</i>	Name change only

Bank Name:

Routing Number:

Account Number:

Re-Enter Account Number:

Bank Account Type: List account type below if "Other"

Checking      Savings      Other

*If you would like notification of payment to be sent to yourself or someone else, please list the contact below.*

ACH Contact Name:

Email for ACH Confirmation:

**Direct Deposit Agreement:**

*I hereby authorize Kennesaw State University (KSU) to make a direct deposit by electronic funds transfer for all invoice payments and reimbursements to my account at the financial institution listed above. In the event that KSU notifies the financial institution that funds have been deposited to the account in error, I hereby authorize and direct the financial institution to return said funds to KSU as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to KSU is not possible, I agree to immediately repay any erroneous deposit to KSU.*

*I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by KSU in the collection of such an erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to KSU, I hereby authorize KSU to recover such amounts by deducting them from any future payments from KSU until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until KSU has received written notification from me of its termination in such time and manner as to afford KSU, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to KSU.*

**By signing below, I agree to all terms and conditions.**

Signature of Vendor:

Date Signed *(populates when signed)*: