



FISCAL SERVICES REGISTRATION PACKET



FISCAL SERVICES DIVISION
2100 PONTIAC LAKE ROAD
WATERFORD MI 48328-0403

In order to process payments from Oakland County, each payee/vendor must be on the Master Vendor List. Please complete and return the attached Vendor Registration form and the Request for Taxpayer Identification Number and Certification (Form W-9) to the following address

**OAKLAND COUNTY FISCAL SERVICES DIVISION
BUILDING 41 W - 4TH FLOOR
2100 PONTIAC LAKE ROAD
WATERFORD MI 48328-0403**

If you would like your payment(s) made to you electronically, please complete and return the ACH VENDOR REGISTRATION FORM - Electronic Funds Transfer (EFT) on page 5.

INSTRUCTIONS

Please type or print clearly the information on the Registration form.

INCOMPLETE REGISTRATION FORMS WILL BE DISCARDED

1. TAX IDENTIFICATION NUMBER:

This is your nine digit Tax Identification Number. Enter the number that is used when reporting tax earnings as shown on the Request for Taxpayer Identification Number and Certification (Form W-9) included in this packet. This may be your Federal Employer Identification Number (FEIN/TIN), or your social security number (SSN). If you are a sole proprietorship, you should enter your social security number.

2. BUSINESS/INDIVIDUAL NAME AND ADDRESS:

Enter your company (or individuals) legal business name and address; payments will be sent to this address, unless otherwise noted (see #3 below).

3. REMITTANCE ADDRESS:

Complete only if different from address (see #2 above). Enter the address where you want payments sent.

If more space is needed for any additional information, please attach a separate sheet of paper to the registration form.

TO BE CONSIDERED AN ACTIVE PAYEE/VENDOR AND TO RECEIVE ANY PAYMENTS DUE, THE FISCAL SERVICES DIVISION MUST RECEIVE A SIGNED AND DATED W-9 FORM. A W-9 FORM IS INCLUDED IN THIS PACKET, OR YOU CAN DOWNLOAD THE FORM VIA THE INTERNET AT WWW.IRS.GOV.

IT IS THE SOLE RESPONSIBILITY OF THE PAYEE/VENDOR TO NOTIFY THE FISCAL SERVICES DIVISION OF ANY AND ALL CHANGES TO THIS APPLICATION. A VENDOR CHANGE REQUEST FORM CAN BE OBTAINED BY CALLING (248) 858-5489 OR VIA THE INTERNET AT THE FOLLOWING LINK: **www.oakgov.com/fiscal/vendors**.

Oakland County Fiscal Services Division



L BROOKS PATTERSON, OAKLAND COUNTY EXECUTIVE

VENDOR REGISTRATION

**Oakland County Fiscal Services Division
 Building 41 W - 4th Floor
 2100 Pontiac Lake Road
 Waterford MI 48328-0403
 Phone (248) 858-5489
 Fax (248) 452-2148**

TAX IDENTIFICATION NUMBER:
 (Use Social Security Number if sole proprietor)

TIN **SSN**

Please type or print clearly. Complete all sections. Incomplete applications will be discarded.

Business/Individual Name and Address

Remittance Address

Legal Business Name*		
Address*		
City*	State*	Zip*
Phone* ()		
Fax ()		
Contact*		
Title		
E-mail		

Address		
City	State	Zip
Phone ()		
Fax ()		
Contact		
Title		
E-mail		

*REQUIRED FIELDS

Requesters Name (please print)

Requesters Signature (**required**)

Date



ACH VENDOR REGISTRATION FORM Electronic Funds Transfer (EFT)

THIS PAGE IS OPTIONAL

INSTRUCTIONS: Please type or print clearly. Complete all sections. Incomplete applications will be discarded.

PAYEE/VENDOR INFORMATION				
Name:				
Address:				
Tax Identification Number: (use SSN if individual or sole proprietor)			E-mail Address:*	
		TIN <input type="checkbox"/>	SSN <input type="checkbox"/>	
Contact Person Name	Title		Telephone Number:	Fax Number:
FINANCIAL INSTITUTION INFORMATION				
Name:				
Nine-Digit Routing Transit Number: (located on lower left hand of check, not on a deposit slip)				
Account Number:				
Account Type:	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>

_____ **Signature (required)**

_____ **Date**

*E-mail Address is required for notification purposes.

RETURN TO:

**Oakland County Fiscal Services Division
 Building 41 W - 4th Floor
 2100 Pontiac Lake Road
 Waterford MI 48328-0403
 FAX # (248) 452-2148**

