



# Wyoming Vendor Management Form

Please return this form to the State Agency with whom you conduct business and remit invoices for payment.

<input type="checkbox"/> New Enrollment  <input type="checkbox"/> Re-Activation  <small>(Complete Parts 1-4 &amp; Form W-9)</small>	<input type="checkbox"/> Vendor Name /Address Change  <input type="checkbox"/> Add Subsidiary Remittance Address  <small>(Complete Parts 1,3,4 &amp; Form W-9)</small>	<input type="checkbox"/> New Direct Deposit Enrollment <input type="checkbox"/> Modify Existing Direct Deposit Information  <small>(Complete Parts 1-4)</small>	<input type="checkbox"/> Primary Contact Change  <input type="checkbox"/> Discontinue Vendor  <small>(Complete Parts 1,3,4)</small>
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### Part 1: Vendor Name & Address

*Legal Business (if a Company) or Individual Name:		*EIN/SSN:	
*Primary Address:	*City:	*State:	*ZIP Code:
Remittance Address: (Complete if different from Primary)	City:	State:	ZIP Code:

### Part 2: Direct Deposit Financial Institution Information (DD) - Use only if requesting payment via Direct Deposit

New Direct Deposit Info (Use only to enrol in DD or modify DD info)	Previous Direct Deposit Info (Use only if modification to DD info)																								
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking																								
Name of Financial Institution:	Name of Financial Institution:																								
Routing Number/ ABA number: <table border="1" style="width:100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Routing Number/ ABA number: <table border="1" style="width:100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>														
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<input type="checkbox"/> Discontinuation of Direct Deposit <i>(Complete previous Direct Deposit Info section)</i>																									

### Part 3: Vendor Contact Information

*Contact Name (Printed):	*Contact Position Title (if Company) or Self (if Individual):
*Email Address:	*Phone Number:                  Extension (if 800 number):

### Part 4: Vendor Certification and Signature

**I certify that I am the primary vendor contact for the State of Wyoming and I will submit all change requests.**

*Authorized Vendor Contact Signature:	*Date:
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### For State Agency Use Only - REQUIRED

* Vendor Number:	V	C										
*Agency Name:	*Agency Number:	*Agency Address:										
*Contact Name:	*Title:	*SA Number:	*Phone Number:									

\* Required Field

## ATTACH ORIGINAL VOIDED IMPRINTED CHECK HERE

If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information.