* wa Direct Deposit Template

Step 1: Fill out organization name

Step 2: Visit irs.gov to receive EIN. If your org. already has a bank account your EIN already exists

Step 3: Check other box and fill in "Non – profit".

Step 4: Information will be the student/advisor filling out W9.

Step 5: Fill out "title" with your position in club

Step 6: Under "Tax correspondence" input clubs address

Step 7: Include DSI's address under "remit address"

Step 8: Fill in accountholder title with "club/advisor" that's on bank account

Step 9: Include bank accounts routing and account number

Step 10: Print and sign

Step 11: Select "No" on Part III

I want to view my remittance advices

Yes-All

on the Web. (Check one.)



State of Idaho

700 West State Street, P.O. Box 83720
Boise, ID 83720-8011
Combined Substitute W-9/Direct Deposit/Remittance Advice
Authorization Form

Agency use only:
Agency number:
Contact name:
Contact Phone Number

Part I - Substitute W-9 Tax Identification (Always required).							
1. Org. name here							
Name:							
General Liver and Required: Personal name of owner of the business							
SOLE PROPIETOR or F							
Smode-OWNER LLC J Optional: Business name if different from above:							
SHOULE-DINNER LLC . J Optional: Business name if different from above: Enter your Tax Identification Number in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (SIN).							
For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).							
Social Security number DR Employer Identification (number							
			OR				
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Person completing thi	is ionn:			Market Co.	e: ddress for payments is different, please provide a payment		
Signature:	·····		Date:		it address:		
Tax correspondence address:							
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	t Deposit Authoriz). To reco	ectronically,	complete Part I and Part II and attach an original		
	a deposit slip) or bank veri al institution and generate :			count number, NU	PTE: Invalid account information will be rejected by network to the STO. A notice of change will void		
	d future payments will be n			nga me wacha	network to the 510. A notice of change win You		
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			8. C	ub/advisor	PAYTO THE GROUP GP		
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		<u>L</u>	Checking Account		Routing Number Account Number		
Creami Type (Please check the appropriate box)			S - Savings Account		Is nine digits—can vary in length		
hereby authorize and	request the Idaho State Centre	Here Office (SCO) ar	d the Idaho State Trea		to initiate credit entries for vendor payments to the		
account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the SCO and							
STO may initiate a reversing entry to recall a duplicate or erroncous entry that they previously initiated. I understand that, if a reversal action is required, the SCO will notify the office identified in Part I of the error and the reason for reversal.							
This authority will continue until such time as SCO and STO have had a reasonable opportunity to act upon written notice to terminate or change the direct deposit service initiated herein.							
Signature of	Print Name Here			Sign Here			
Authorized signer on					4 10.		
ccount							

Part III — Remittance Advice on the Web (Optional). To view payment information on the Internet, complete Part I and Part III. Login instructions will be mailed to the payment address provided in Part I. Additional information can be found on the SCO Vendor Services Web site.

Remittance Advice Application.

Get payment information for this location only by using the State Controllers Office Web Remittance Advice Application.

Get payment information for all of your locations by using the State Controllers Office Web

Continue getting paper remittance advices mailed through US Postal Service