



WYDOT Vendor Form

Please return this form to: WYDOT Financial Services, 5300 Bishop Blvd. Cheyenne WY 82009

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|--|--|---|---|
| <input type="checkbox"/> New Enrollment (Complete Parts 1-4 & Form W-9) | <input type="checkbox"/> Vendor Name /Address Change <input type="checkbox"/> Add Remittance Address (Complete Parts 1,3,4 & Form W-9) | <input type="checkbox"/> Financial Institution Information Change (Complete Parts 1-4) | <input type="checkbox"/> Primary Contact Change (Complete Parts 1,3,4) |
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Part 1: Vendor Name & Address

| | | | |
|--|--------|-----------|------------|
| *Legal Business/Individual Name: | | *EIN/SSN: | |
| *DBA Name | | | |
| *Primary Address: | *City: | *State: | *ZIP Code: |
| Remittance Address: (Complete if different from Primary) | City: | State: | ZIP Code: |

Part 2: Financial Institution Information

| New Financial Institution Information | Previous Financial Institution Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 Electronic Funds Transfer(EFT) (If selected please complete previous financial institution information section) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part 3: Vendor Contact Information

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|---------------------------------|--|
| *Vendor Contact Name (Printed): | *Title: |
| *Email Address: | *Phone Number: Extension: |

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: |
|---------------------------------------|--------|

* Required Field

ATTACH ORIGINAL VOIDED IMPRINTED CHECK HERE

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



Wyoming Department of Transportation's

Instructions for WYDOT Vendor Form



Save a Tree - Choose EFT

Please Note: For your protection, we will not accept email or fax to enroll or change Financial Institution Information. Failure to provide the requested information may delay or prevent your receipt of payments.

Check Box Section (Choose the appropriate option(s))

- **New Enrollment:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. 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. Temporary/counter checks will not be accepted.
- **Vendor Name/Address Change or Add Remittance Address:** Complete all information in Parts 1, 3, and 4.
- **Financial Institution Information Change:** Complete all information in Parts 1-4 and attach an original, imprinted voided check. 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. Temporary/counter checks will not be accepted.
- **Primary Contact Change** Complete all information in Parts 1, 3, and 4.

Part 1: Vendor Name & Address (All fields are required)

- **REQUIRED:** Provide an updated Form W-9.
- **Legal Business/Individual Name:** The name of the business or person as it appears on the Social Security card or how you are registered with the IRS. Do not abbreviate names.
- **EIN/SSN:** Provide the Employer Identification Number or Social Security Number, as registered with the IRS.
- **DBA Name:** The name on the Invoice, if different from the Legal Business Name. This name will be on your payments.
- **Primary Address:** This is the default address and should match what is reported on Form W-9
- **Remittance Address:** This is the address where payments should be remitted. Complete if different from Primary Address.

Part 2: Financial Institution Information

- **New Financial Institution Information (Required):**
 - **Type of Account:** Check box indicating if account is a savings account or a checking account
 - **Name of Financial Institution:** Name of your financial institution
 - **Routing Number/ABA#:** Nine-digit number identifying the financial institution
 - **Account Number:** Vendor's financial institution account number
- **Previous Financial Institution Information:** For changes to financial institution information **ONLY**. All fields are required, see prior step for definitions.
- **Discontinuation of Electronic Funds Transfer (EFT):** **ONLY** check box if you are selecting to stop receiving payment via EFT and then complete the **Previous Financial Institution Information** section.

Part 3: Vendor Contact Information (All fields are required)

- **Vendor Contact Name:** Print the name of your primary contact
 - If providing an Employer Identification Number (EIN), on the Form W-9, contact **MUST** be someone who can make financial and/or legal decisions for the entity.
 - If providing a Social Security Number (SSN), on the Form W-9, contact **MUST** be the individual taxpayer registered with the IRS.
- **Title:** Provide the job title for the primary contact.
- **Email Address:** Provide the email address for the primary contact.
- **Phone Number:** Provide the phone number and extension, if applicable, for the primary contact

Part 4: Vendor Certification and Signature (All fields are required)

- **Authorized Vendor Contact Signature:** Provide an original signature of the primary contact. This **MUST** match the Vendor Contact Name in Part 3.
- **Date:** Please provide the date this form is signed by the primary contact.