

# CITY OF MADISON BOARD OF EDUCATION

211 Celtic Drive / Madison, AL 35758

## Dear valued vendor:

Madison City Schools is pleased to offer ACH as the preferred method of payment. The transition to ACH payments will begin February 1, 2022. In lieu of receiving a check for goods and/or services your company's payment would be sent via electronic transfer and automatically credited to your account at your financial institution.

You will continue to invoice Madison City Schools as usual. Once Madison City Schools approves and processes your invoice for payment, an electronic remittance advice will be emailed to your company and your bank account will be credited. The remittance advice would include statement-type information such as invoice number, invoice date and amount paid. If you elect the ACH payment option, please complete all information on the attached forms, sign and return to Tammy Simms at <a href="mailto:tsimms@madisoncity.k12.al.us">tsimms@madisoncity.k12.al.us</a>. For security purposes once the enrollment form is received by our office further verification will be necessary prior to updating your payment method.

The ACH payment program has proven to be an efficient and cost effective mechanism for making payments, for increasing payment security and for eliminating the transit time for mail. If you have any questions please contact Tammy Simms at tsimms@madisoncity.k12.al.us or 256-464-8370.

Sincerely,

Madison City Schools Business Office

TELEPHONE (256) 464-8370 / FAX (256) 464-8291 / (256) 774-0404

## **ACH Payments**

In lieu of receiving a check for goods and/or services provided to The Madison City Board of Education, your company's payment will be sent via electronic transfer and automatically credited to your account at your financial institution. You would still invoice us as usual; however, once the invoice is approved and processed for payment, an electronic remittance advice would be emailed to your company and your bank account would be credited.

If you choose to enroll in this process, please complete the "ACH payment enrollment form" and return to the contact information listed at the bottom of the form.

Benefits to your company include:

- ACH offers cost savings to the vendors and to The Madison City Board of Education.
- Funds are credited and available to the recipient without the need for making manual deposits
- Increases payment security.
- Eliminates the 2 to 3 day mail time.

If you have any questions regarding ACH payments please contact Tammy Simms at tsimms@madisoncity.k12.al.us or 256-464-8370.

We appreciate your business and look forward to providing your company with these more efficient payment options.

The Madison City Board of Education is enthusiastic about these means of making payments and look forward to working with your company to make this a successful program.

Sincerely,

Jana Gray

Chief School Finance Officer

Madison City Board of Education

# **ACH Payment Enrollment Form**

This form is used for Automated Clearing House (ACH) payments

To access the fillable form online please go to <a href="https://www.madisoncity.k12.al.us">www.madisoncity.k12.al.us</a> and look under the

Business&Finance section/forms/vendor

# **Payee/Company Information:**

| Name:   |                                |  |  |  |  |
|---|--------------------------------|--|--|--|--|
| Current Mailing Address:  |                                |  |  |  |  |
| SSN or Tax ID (required):   | Contact Person Name(required): |  |  |  |  |
| Telephone:  | Fax:                           |  |  |  |  |
| Email Address(required):  |                                |  |  |  |  |
| Financial Institution Information:  |                                |  |  |  |  |
| Name:   |                                |  |  |  |  |
| Address:  |                                |  |  |  |  |
| Nine-Digit Routing Transit Number(usually first set of 9-digit numbers at bottom of check): |                                |  |  |  |  |
| Account Number:   |                                |  |  |  |  |
| Type of Account:Checking Savings  |                                |  |  |  |  |
| Name of Payee or Authorized Official (Please print):  |                                |  |  |  |  |
| Signature and Title of Payee or Authorized Official (Required):                             |                                |  |  |  |  |
| Date:   |                                |  |  |  |  |

A voided check must accompany this form in order to receive payments electronically.

Please ensure you have attached a W-9 to this worksheet.

Send this form, the voided check and the W-9 to Tammy Simms at <a href="mailto:tsimms@madisoncity.k12.al.us">tsimms@madisoncity.k12.al.us</a> or mail to: Madison City Schools, Attn: Tammy Simms, 211 Celtic Drive, Madison, AL 35758



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| intorna   | 110401  | THE COLVIDS   |   |                        |   |                  |  |
|---|---|---|---|------------------------|---|------------------|--|
|   | 1 N   | ame (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |   | -                      |   |                  |  |
| .ge 2.  | 2 Business name/disregarded entity name, if different from above  |   |   |                        |   |                  |  |
| Print or type clustructions on page   | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC  |   |   |                        | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) |                  |  |
|   | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. |   |   |                        | Exemption from FATCA reporting code (if any)  |                  |  |
| <u>= =</u>  | $\vdash \sqcap$   | Other (see instructions) ▶  | (Applies to accounts maintained outside the U.S.) |                        |   |                  |  |
| Print or type<br>See Specific Instructions on   | 5 A   | ddress (number, street, and apt. or suite no.)  | Requester's name ar                               |                        |   |                  |  |
|   | 6 City, state, and ZIP code   |   |   |                        |   |                  |  |
|   | 7 List account number(s) here (optional)  |   |   |                        |   |                  |  |
| Par   | t I   | Taxpayer Identification Number (TIN)  |   |                        |   |                  |  |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. |   |   |   |                        | er –  |                  |  |
|   |   | e account is in more than one name, see the instructions for line 1 and the chart on page on whose number to enter.   | 4 for Employer i                                  | dentificati            | on number   |                  |  |
| Par   | Ш   | Certification   |   |                        |   | '                |  |
| Under   | pena  | alties of perjury, I certify that:  |   |                        |   |                  |  |
| 1. The  | e nun   | nber shown on this form is my correct taxpayer identification number (or I am waiting for   | a number to be iss                                | ued to me              | e); and   |                  |  |
| Sei   | rvice   | t subject to backup withholding because: (a) I am exempt from backup withholding, or (b. (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding; and  |   |                        |   |                  |  |
| 3. I ar   | mal   | J.S. citizen or other U.S. person (defined below); and  |   |                        |   |                  |  |
| 4. The  | FAT   | CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting   | ig is correct.                                    |                        |   |                  |  |
| becau<br>interes<br>genera  | ise yo<br>st pai<br>ally, p   | on instructions. You must cross out item 2 above if you have been notified by the IRS the but have failed to report all interest and dividends on your tax return. For real estate trans id, acquisition or abandonment of secured property, cancellation of debt, contributions to be a symmetrically and interest and dividends, you are not required to sign the certification is on page 3. | actions, item 2 does<br>o an individual retire    | s not app<br>ement arr | ly. For mortg<br>angement (IF   | gage<br>RA), and |  |
| Sign<br>Here  |   | Signature of U.S. person ▶ Da   | ate ▶   |                        |   |                  |  |
|   |   |   |   |                        |   |                  |  |

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# NEW VENDOR CONTACT INFORMATION

This form is to be completed before the Madison City Board of Education can perform business with the vendor.

The information provided below will be used to conduct correspondence with the company.

| COMPANY NAME:  |   |
|----------------|---|
|                |   |
|                |   |
| CONTACT NAME:  | wadison                                   |
| EMAIL ADDRESS: | CITY SCHOOLS                              |
| PHONE NUMBER:  | EMPOWERING STUDENTS LE FOR GLOBAL SUCCESS |

Please ensure you have attached a W-9 to this worksheet.

Failure to do so will result in a delay in service.

| For Business Office Use Only |  |
|------------------------------|--|
| Date of Contact:             |  |
| Vendor #:                    |  |
| Virtual Payment Vendor:      |  |