



City of Lakewood
6000 Main Street SW
Lakewood, WA 98499
(253) 983-7778 Accounts Payable
(253) 589-3774 Fax ap@cityoflakewood.us

ACCOUNTS PAYABLE VENDOR/W-9 FORM

New Vendor

Update Form

To add your business to our vendor file, or update information.
Please complete this form and email or fax it to the address/fax number above

Business Information

(For office use only) V#_____

Payable to
Business Name:_____

Contact Name:_____

Location Address:_____

Mailing Address (if different):_____

Phone #:_____ Fax #:_____

Email:_____

Business Type (Please Check One):

Corporation Partnership Government Non-Profit Sole Proprietor LLC

Federal Tax ID# / SSN (9digits):_____

What is the official name registered with the I.R.S. for the above number?_____

WA State Dept. of Revenue Tax ID #_____

Will you provide supplies or services to the City of Lakewood? Supplies Services

City of Lakewood Staff / Department Contact:_____

City of Lakewood Business License #:_____

Signature:_____ Date:_____

*****If you would like to set up EFT payments please fill out the attached form and return with this document.*****



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VENDOR PAYMENT AUTHORIZATION

Purpose of Authorization: *(check one)*

New Authorization
(complete A, B, C and F)

Change to Existing Authorization
(complete A, B, D and F)

Cancellation
(complete A and E)

A. Customer Information

Company Name

Phone Number

Address

City, State, Zip

Email Address for notification (**REQUIRED**): _____

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Address

Account Number

Address

Bank ABA/Routing #

City, State, Zip

Checking Savings

C. New Authorization Statement

I authorize and request the City of Lakewood and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any errors to my account. I also understand I may discontinue this authorization at any time by giving written notice to the City of Lakewood.

Authorized Signature

Date

D. Change Authorization Statement or E. Cancellation Statement

I authorize and request the City of Lakewood to make the changes indicated on this form for automatic deposit to my account.

I request the City of Lakewood to terminate my authorized automatic deposit to my account. I will allow a reasonable time for the City of Lakewood to act upon my request to terminate this agreement.

Authorized Signature

Date

F. Attach a voided check.