



City of  
Lakewood

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**ACCOUNTS PAYABLE VENDOR/W-9 FORM**

V t y 7

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**Business Information**

**(For office use only) V#** \_\_\_\_\_

Payable to V \_\_\_\_\_

# V \_\_\_\_\_

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**Business Type (Please Check One):**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please attach a Voided check or Bank Letter**



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**VENDOR PAYMENT AUTHORIZATION - ATTACH VOIDED CHECK**

**Purpose of Authorization: (check one)**

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**A. Customer Information**

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Email Address for notification (REQUIRED): \_\_\_\_\_

**B. Banking/Financial Institution Information**

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**C. New Authorization Statement**

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**D. Change Authorization Statement or E. Cancellation Statement**

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**F. Attach a voided check.**