

# U.S. House of Representatives

## Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

### INSTRUCTIONS

Internal Revenue Code 6109 mandates the use of a Tax Identification Number (TIN) from all entities that do business in the United States. **Please complete Section II with your TIN or SSN.** The Debt Collection Improvement Act of 1996 requires Federal agencies to pay vendors by Electronic Funds Transfer (EFT). This method significantly improves the speed at which vendors of the US Government receive payments directly to the vendor's financial institution. **Please complete Section III with your bank information for all payments from the House.** Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. **Please sign Section IV and return the form to us.**

All information collected on this form is required under the provisions of 31 U.S.C. 3322, 31 CFR 210, Section 6109 of the Internal Revenue Code and PL 93-579, which governs your privacy. Your information is never published or used for any other purpose than to pay you.

**RETURN FORM TO:** VendorEFT@mail.house.gov

**FAX NUMBER:** (202) 225-6914

### SECTION I UNITED STATES HOUSE OF REPRESENTATIVES INFORMATION

AGENCY IDENTIFIER	53-6002523	AGENCY LOCATION CODE	4832	TELEPHONE NUMBER	(202) 226-2277
ADDRESS					
CAO Office of Accounting Room 334-A Ford House Office Building, Washington, DC 20515					

### SECTION II PAYEE/COMPANY INFORMATION

NAME AS SHOWN ON YOUR INCOME TAX RETURN  BUSINESS NAME/DISREGARDED ENTITY NAME, IF DIFFERENT THAN ABOVE  Check Tax Identification Number type <input type="checkbox"/> SOCIAL SECURITY NUMBER (or) <input type="checkbox"/> EIN Enter Tax ID Number  ADDRESS  CITY/STATE/ZIP  CONTACT PERSON NAME	<b>Check appropriate box for federal tax classification (required)</b> Individual/ <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited Liability Company Enter the tax classification (C=C corporation, S=S corporation, P= Partnership) _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> <input type="checkbox"/> Exempt payee                 </div>  OTHER (Other entities. Enter your business name below as shown on required federal tax documents on the "Name" line. <i>This name should match the name shown on the charter or other legal document creating the entity.</i> You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.)  _____  EMAIL  TELEPHONE NUMBER
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### SECTION III FINANCIAL INSTITUTION INFORMATION

BANK NAME	
ADDRESS	
ACH COORDINATOR NAME	TELEPHONE NUMBER
NINE-DIGIT ROUTING TRANSIT NUMBER _____	
DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	LOCKBOX NUMBER
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	

### SECTION IV CERTIFICATION OF DATA

NAME	TITLE/POSITION	
SIGNATURE	DATE	TELEPHONE NUMBER