

Accounts Payable Vendor Forms

Please list the parish, school, or Diocesan office you are requesting payment from:

Name _____ Trinity High School _____

Location _____ Camp Hill PA email: finance@THSRocks.us Fax: 717-761-7309

Please list your contact information:

Name of Payee _____

(phone) _____

(email) _____

Please check one of the following to describe your reason for payment:

☐ Reimbursement Only

Examples include purchasing goods for a parish, school, or Diocesan Office with personal funds, mileage reimbursements, or employees being reimbursed for classes, training, background checks or employment related administrative costs.

☐ Refund

Examples include tuition refunds for withdrawing a student from school or cemetery refunds.

☐ Vendor

Examples include individuals or companies providing goods or performing a service for a parish, school, or Diocesan Office (i.e. referee, musician, landscaper, speaker, catechist, etc).

*If you are providing a service, please list the service you provide: _____

Please choose your preferred payment method:

(Please check one. Note that ACH is required for Reimbursement Only vendors described above).

☐ Direct Deposit (ACH) Payments *(Please complete the ACH form at the end of this packet).*

☐ Check Payments

*Address to send payment to: _____

Payment Terms *(in days, i.e. Net 5, Net 10, Net 30, etc):* _____

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
OR								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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*, later.



Accounts Payable Vendor Forms

ACH Payments

The Harrisburg Catholic Administrative Services Inc. (HCAS) of the Diocese of Harrisburg would like to invite you to participate in our ACH Payment Program.

In lieu of receiving a check, your payment will be sent via electronic transfer and automatically credited to your account at your financial institution. You will receive an electronic remittance via email as notification that a payment has been made. The remittance will list details of the payment.

The ACH Payment Program is an efficient and cost effective mechanism for receiving payments, increasing payment security and eliminating the lengthy mail time of checks. In addition, funds are credited and available to the recipient without the need for making a manual deposit.

The information requested on the ACH Payment Enrollment Form is necessary to establish accurate electronic records for ACH payments, and will enable us to make timely, accurate transfers to your financial institution.

Important:

- Be sure the ACH Payment Enrollment Form is signed.
- Please include a telephone number and email address as a point of contact. The electronic remittance will be sent to the email address listed on the form.
- If the form is being completed for a company, the IRS assigned Employee Identification Number (EIN) should be entered as the TIN. If the form is being completed for a sole proprietor, the Social Security Number (SSN) should be entered as the TIN.

We appreciate your partnership and look forward to providing you with a more efficient payment option.

Sincerely,
Accounts Payable Team

ACH Payment Enrollment Form

This form is used to provide the Harrisburg Catholic Administrative Services Inc. (HCAS) with your authorization and the information necessary to CREDIT your bank account directly for payment of any purpose, including but not limited to invoices, reimbursements, purchases of services, gifts, etc., that HCAS may incur with you or your organization. Please complete the information and return to HCAS by mail or email (preferred).

Name: Social Security # or Taxpayer ID# (required for non-reimbursements):

Mailing Address: Telephone #:

City/State/Zip:

Email Address (remittance advice will be sent to this email):

Financial Institution Information

Bank Name

Bank Address City/State/Zip

ABA/Routing # (nine digits): Bank Account #:

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Type of Account
☐ Checking ☐ Savings

Name of Payee or Authorized Official

Signature and Title of Payee or Authorized Official Date

By signing and submitting this ACH enrollment, you authorize the HCAS to submit payment to your bank account through the Automated Clearing House (ACH) banking system by our accounts payable system. In the event of an error or overpayment on our behalf, this authorization allows our debit to your account, if necessary, to correct any error we made or overpayment limited to the amount of the payment or error.