Request for Account Information

To ensure accurate data and timely payments, please complete and sign this form and return it with a current W-9 form. IRS regulation 301.6109-1 requires that we obtain your taxpayer identification number (TIN) for reporting purposes. If you are a corporation, 1099 reporting is not required, but law states we must have the information on file.

Business name:		
Vendor site address:		
City, state, and ZIP:		
Name to be printed on check:		
Remit address:		
City, State and ZIP:		
Accounts receivable contact:		
Phone #:	Fax #:	Email:
Accounts representative (sales) contact:		
Phone #:	Fax #:	Email:
City of Gresham business license number or Metro license number*:		Expiration Date:
Name of staff member and department you will be doing business with:		
Check appropriate box for business type: ☐ Disadvantaged business enterprise ☐ Woman owned business enterprise ☐ Minority owned business enterprise ☐ Emerging small business ☐ Other (specify) _____		

Payment options: Check your preferred payment method below.

- ☐ ACH: Direct deposit to your bank account. Quick, safe, easy and green! City's preferred payment method. See reverse for sign up form.
- ☐ ePayables: Electronic card payments. Credit card processing fees may apply.
- ☐ Check.

Return completed forms to: Jan Vallandingham, Financial Services Division, Jan.Vallandingham@GreshamOregon.gov
Questions? Contact Terrie Houser Link, Accounts Payable, 503-618-2368, Terrie.Houser-Link@GreshamOregon.gov

**A City of Gresham business license or a Metro business license is required any time a company representative is performing work within the Gresham city limits.*

Accounts Payable Authorization Agreement for Direct Deposit (ACH)

I hereby authorize the City of Gresham to initiate credit entries in the amount of monies owed by the City of Gresham to the checking account number on the voided check below:

Vendor Name:	
Vendor Address:	
City, State, Zip:	
Contact Name:	
Contact Phone Number:	
Email Address to send payment information to (Required):	
Signature:	

Attach voided check or a copy of a check (required).

For assistance in completing the Electronic Funds Transfer (ACH) Enrollment Form, please contact Accounts Payable at 503-618-2368.

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Questions? Contact Terrie Houser Link, Accounts Payable, 503-618-2368, Terrie.Houser-Link@GreshamOregon.gov