



TOWN OF ULSTER

ACCOUNTS PAYABLE VENDOR DIRECT DEPOSIT AGREEMENT

The Town of Ulster is in the process of updating vendor information and transitioning to ACH payment processing when possible. Please fill out the information below along with the W9 on the back of this form.

Attached is an updated voucher to be included with all invoices to be paid by the Town of Ulster. Please be sure to copy for future use. This is also accessible as a fillable form on our website at: <https://www.townofulster.ny.gov/wp-content/uploads/2024-Voucher-Template.pdf>

I request payments to me/my business to be made via DIRECT DEPOSIT, when possible, into the bank account listed below.

Name of Vendor: _____ Vendor Address: _____

Vendor Phone #: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account #: _____

Type of Account: _____

Contact Phone #: _____

Email (used to send electronic copy of payment): _____

(EMAIL MUST BE SUBMITTED)

Name of person filling out form/Position: _____

Most Recent Town of Ulster Invoice # and Amount: _____

I understand that if there are any issues with the transfer of funds, a paper check will be issued instead.

Signature: _____

Date: _____

Please return all forms by email, fax, or mail to:

accountspayable@townofulster.ny.gov

Fax: 845-336-0082

Supervisor's Office

1 Town Hall Drive

Lake Katrine, NY

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *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
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Town of Ulster

1 Town Hall Dr.
 Lake Katrine, NY 12449
 (845) 382-2765



Voucher

To: _____

Check One

General Fund

Highway Fund

Sewer Districts
Ulster, Whittier, Washington Ave.

Water Districts
Ulster, Halycon Park, Bright Acres,
 Spring Lake, Sawkill Road/Cherry Hill,
 Glenerie and East Kingston

Invoice Date	Invoice #	Description	Unit Price	Line Total
Total				

I HEREBY CERTIFY that the above named articles were delivered to the Town of Ulster, upon the date indicated, and that the service above charged for, have been rendered at the time indicated and that such articles and services were for the sole use and benefit of the Town of Ulster, Ulster County, NY

Vendor Signature _____

For Town Use Only

Department Approval

The above services or materials were rendered or furnished to the Town on the dates stated and charges are correct.

 Department Head Signature Date

Comptroller Approval

This claim is approved and ordered paid from the appropriations indicated above.

 Comptroller Signature

Date Received by Dept. _____

Date Received by Purchasing _____

Date Processed by Purchasing _____

Account # _____

Abstract # _____

Check # _____

Date _____

P.O. # _____