



PO Box 400 Powell, OH 43065

New Vendor Registration and Authorization Agreement for Automatic Deposit of Payments via ACH

Please complete ALL of the following information:

Vendor Name:	
Name used by IRS (if different than above):	
Address:	
City, State, Country:	Zip Code:
Email Address for Purchase Order delivery:	
Email Address for Remittance delivery:	
Phone # :	
Remittance Name and Address (if different from above):	
Name:	
Address:	
City, State, Country:	Zip Code:
Business Classification	
Is the vendor a minority vendor? <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> African-American Business Entity	<input type="checkbox"/> Female Owned Business Entity
<input type="checkbox"/> Native American/Indigenous Business Entity	<input type="checkbox"/> Hispanic/Latino American Business Entity
<input type="checkbox"/> Asian American/Pacific Islander Business Entity	<input type="checkbox"/> LGBTQIA+ Business Entity
<input type="checkbox"/> Veteran Owned Business Entity	<input type="checkbox"/> Disability Owned Business Entity
<input type="checkbox"/> Caucasian	
W-9 Information (Required):	
Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following boxes.	
<input type="radio"/> Individual, Sole Proprietor or Single Member LLC	<input type="radio"/> S Corporation
<input type="radio"/> C Corporation	<input type="radio"/> Trust/Estate
<input type="radio"/> Partnership	
<input type="radio"/> Limited Liability Company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____	
Taxpayer Identification Number (Required):	
Social Security Number #	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Or	
Federal Employer's Identification (EIN) #	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1. 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	
2. 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	
3. I am a U.S. citizen (including a U.S. resident alien).	
ACH Authorization:	
Name of Financial Institution:	
Routing #:	Account #:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
* Please include a copy of a voided check or bank letter confirming the banking information.	
We hereby authorize the Columbus Zoo Family of Parks ("Columbus Zoo") to initiate credit entries to our account in the financial institution named above and authorize the financial institution to credit the same to our account. Furthermore, we will immediately contact the Columbus Zoo, Department of Finance, at invoices@columbuszoo.org in the event of credits posting to our account in error. We further indemnify and hold harmless the Columbus Zoo from all losses or damages sustained due to circumstances beyond their control resulting in delayed or absence of deposit.	
Authorized Signature (Required)	Date
_____	_____

Please submit completed form, and any future changes with 30 days notice, to the Columbus Zoo, Department of Finance secure vendor portal at -

<https://portal.columbuszoo.org/form/v2/vendorinfo>